

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -1 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 96 000 00 5723.

1. Corporation Name  
RIVER OF LIFE MINISTRIES, INC.  
N 96 00000 5723

2. Principal Office Address  
640 Cedar St

3. Mailing Office Address  
640 CEDAR ST

Suite, Apt. #, etc.  
Suite, Apt. #, etc.  
FA

City & State  
Fairview OR

City & State  
FAIRVIEW OR

Zip Country  
97024 USA

Zip Country  
97024 USA

4. Date Incorporated or Qualified To Do Business in Florida  
11-08-96

5. FEI Number  
650732842

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
GERALD TABER

Street Address (P.O. Box Number is Not Acceptable)  
2024 24<sup>th</sup> LANE

Suite, Apt. #, Etc.

City  
LAKE WORTH

State  
FL

Zip Code  
33463

**REINSTATEMENT 99-05**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Gerald Taber Date 8-12-05  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	IZAK H. FILMALTER	640 CEDAR ST	FAIRVIEW OR 97024
V/D	GERALD TABER	2024 24 <sup>th</sup> LANE	LAKEWORTH FL 33463
M/T	RICHARD ANDERSON	1518 WOODSIDE DR	FLORENCE KY 37035
S/T	HELENA FILMALTER	640 CEDAR ST	FAIRVIEW OR 97024
			200058600262 08/15/05--01073--006 **612.50

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] IZAK H. FILMALTER Date 8-9-05 (503) 5607310  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)