

Renstatement # 4876059 #2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 AM 11:26

DOCUMENT # **N97000005887**

1. Corporation Name **Eternal Life Ministry
International INC.**

2. Principal Office Address

7635 40th Ave North

Suite, Apt. #, etc.

A+B

City & State

St. Petersburg Florida

Zip

33709

Country

Pinnlas

3. Mailing Office Address

7635 40th Ave North

Suite, Apt. #, etc.

A+B

City & State

St. Petersburg FL

Zip

33709

Country

Pinnalas

4. Date Incorporated or Qualified
To Do Business in Florida

4-1997

5. FEI Number

59-3462572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. Patricia Newins

Street Address (P.O. Box Number is Not Acceptable)

7635 40th Ave. North

Suite, Apt. #, Etc.

A+B

City

St. Petersburg

State

FL

Zip Code

33709

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

Rev. Patricia Newins

Date

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
Pres.	Rev. Patricia Newins	6961 Place de la Paix	South Pasadena FL 33707
D	Michael Hendley	7635 40th Ave North	St. Petersburg FL 33709
D	Pastor Daniel Ruidy	12508 Queensland Drive	Tampa, Florida 33625
D	Diane Sheldon	1153 1A Rue des Rois	South Pasadena FL 33707

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:

Rev. Patricia Newins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-344-5187

Daytime Phone #

CR2081 (9/00)