


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Wf2

~~CORPORATION~~
~~REINSTATEMENT~~

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005837

1. Corporation Name Eternal Life Ministries Int'l Inc.

02-03

2. Principal Office Address

6961 Place de la Paix

Suite, Apt. #, etc.

Private

City & State

South Pasadena Fl.

Zip

33707

Country

USA

3. Mailing Office Address

6961 Place de la Paix

Suite, Apt. #, etc.

Private

City & State

Florida / South Pasadena

Zip

33707

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3462572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-11-03 0 p 11 001 \$125.00

Patricia Newins, H. Rev. Name and Address of Current Registered Agent

Name

6961 Place de la Paix

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

South Pasadena,

Suite, Apt. #, Etc.

Fl. 33709

City

St. Petersburg

State
FL

Zip Code

33707

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
REGISTERED AGENT MUST SIGN

Date 03-31-03

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
<u>P</u>	<u>PATRICIA Newins, Rev.</u>	<u>6961 Place de la Paix</u>	<u>S. Pasadena, Fl. 33707</u>
<u>D</u>	<u>Michael Hendley</u>	<u>7635 40th Ave. North</u>	<u>St. Petersburg Fl. 33709</u>
<u>D</u>	<u>Lawrence Bolding</u>	<u>4906 S. 180th</u>	<u>Omaha Nebraska 68135</u>
<u>D</u>	<u>Diane Sheldon</u>	<u>1153 LA Rue de Rois</u>	<u>South Pasadena Fl. 33707</u>

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

03-31-03

Date

7273445187

Daytime Phone #

CR2E081 (10/02)

2 of 2

Dear Miss BB Mitchell

As per our phone conversation enclosed please find a duplicate of my reinstatement. Please note the address change. The address you have been corresponding with me: 7635 40th aver. North, st. Petersburg fl.33709 a&b has been discovered to not be a leagal mail route delivery route yet, this has caused me not receiving filing notices nor other correspondence from you since the year 2002. Thus we have suffered not receiving mail in a timely fashion or at all. Please except this complete form along with the 125.00 checks that the reinstatement department already cashed. Please send all further correspondences to the address that is on my filing form.

Thank you,

Patricia Nevins

Rev. Patricia Nevins

04-02-03