

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # N97000006863

1. Corporation Name

TRUTH FOR LIVING, INC.

Principal Place of Business

Mailing Address

30646 MCJUNKIN ROAD
DADE CITY FL 33525

30646 MCJUNKIN ROAD
DADE CITY FL 33525



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/10/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3492461	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	TROWELL, CHAD	30646 MCJUNKIN ROAD	DADE CITY FL 33525
D	TROWELL, LOIS	30646 MCJUNKIN ROAD	DADE CITY FL 33525
D	MURPHY, JOHN	8304 LUTZ LAKE FERN ROAD	ODESSA FL 33556

500002700775-1
-12/02/98--01087--015
*****70.00 *****70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TROWELL, CHAD
30646 MCJUNKIN ROAD
DADE CITY FL 33525

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Chad Trowell
REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See online for information on intangible tax.)

12. 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:

Chad Trowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/98 352-588-5305

CR2E040 (8/98)

2042

To Whom their may concern:

I did not receive a notice about filing my annual report. I understand that this is my responsibility. I also understand that you are lenient with first-time offenders. I was also informed that all I had to do is ask and you would waive the late fee.

Please waive the late fee of \$175.⁰⁰/₁₀₀.

I am enclosing \$61.²⁵/₁₀₀ for the annual report fee and \$8.⁷⁵/₁₀₀ for a certificate of status. The total is \$70.⁰⁰/₁₀₀.

If there are any ~~pro~~ problems please call me at 352-588-5305.

Sincerely,
Chad Howell