

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000180		01 OCT 22 PM 4:19	
1. Corporation Name RIVER OF ABUNDANT LIFE, INC.			
Principal Place of Business 910 BEVILLE ROAD DAYTONA BEACH FL 32114		Mailing Address 910 BEVILLE ROAD DAYTONA BEACH FL 32114	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 01/12/1998		5. FEI Number 59-3485630 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
POD	TRIPLETT, MARCUS	910 BEVILLE RD	DAYTONA BEACH FL 32114
STD	JOHNSON, STEPHEN E Triplett, Janette	910 BEVILLE RD	DAYTONA BEACH FL 32114
D	GOINS, CHRISTOPHER	910 BEVILLE RD	DAYTONA BEACH FL 32114
100004672151--9 -11/08/01--01011--021 *****61.25 *****61.25			
8. Name and Address of Current Registered Agent JOHNSON, STEPHEN E 910 BEVILLE RD DAYTONA BEACH FL 32114			
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL			
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 <i>[Signature]</i> Date 10-17-01 REGISTERED AGENT MUST SIGN			
11. 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: <i>[Signature]</i> Date 10-17-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000180

1. Entity Name

RIVER OF ABUNDANT LIFE, INC.

Principal Place of Business

910 BEVILLE ROAD
DAYTONA BEACH FL 32114

Mailing Address

910 BEVILLE ROAD
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3485630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARCUS TRIPLETT

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

910 Beville Road

1

City

Daytona Beach

FL

Zip Code

32114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Marcus Triplett (RA)

5-1-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

PD
TRIPLETT, MARCUS
910 BEVILLE RD
DAYTONA BEACH FL 32114

TITLE NAME ☒ Delete

STD
JOHNSON, STEPHEN E
910 BEVILLE RD
DAYTONA BEACH FL 32114

TITLE NAME ☐ Delete

D
GOINS, CHRISTOPHER
910 BEVILLE RD
DAYTONA BEACH FL 32114

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

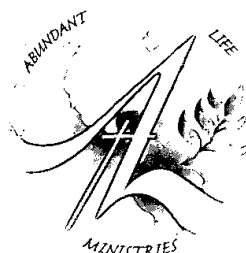
TITLE NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*mailed
May 15, 2001*



DO NOT WRITE IN THIS SPACE



October 17, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Harris:

Enclosed is a copy of our Business form and a copy of our check of \$61.25 mailed on 05/24/2001. We are not sure if it was lost in the mail or what. I have enclosed a signed reinstatement form and another check for \$61.25.

Thank you.

Sincerely,

Kathy McSweeney
Administrative Asst.