

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 MAR 25 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/16/02--01001--013

****245.00 ****245.00

DOCUMENT # N98000002806

1. Corporation Name

FOUNTAIN OF LIFE OF CENTRAL FLORIDA, INCORPORATED

2. Principal Office Address

4415 FLORIDA NATIONAL DR.

Suite, Apt. #, etc.

209

City & State

LAKELAND, FLORIDA

Zip

33813

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 14, 1998

5. FEI Number

59-3524213

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

PATRICIA A. LOYD

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

408 AVENUE A NE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State
FL

Zip Code

33881

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**

Patricia A. Loyd

REGISTERED AGENT MUST SIGN

Date 3/19/02

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/D	DR. GERALD G. LOYD	450 MAPLE AVENUE	PITTSBURGH, PA 15218
V/D	PATRICIA A. LOYD	408 AVENUE A NE	WINTER HAVEN, FL 33881
T/D	BELINDA A. JONES	719 NORTH LORRI AVENUE	LAKELAND, FL 33815
S/D	JACQUELYN Y. WORTHY	1051 OLD SOUTH DRIVE	LAKELAND, FL 33811

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02

863-686-3784