

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004093**

1. Corporation Name

FIRST CHURCH OF LIFE, INC.

2. Principal Office Address

3512 OKEECHOBEE RD

Suite, Apt. #, etc.

SUITE # 9

City & State

FORT PIERCE, FL

Zip

34947

Country

USA

3. Mailing Office Address

3512 OKEECHOBEE RD

Suite, Apt. #, etc.

SUITE # 9

City & State

FT. PIERCE, FL

Zip

34947

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1998

5. FEI Number

☒ 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

HILFORD, DOCC JOHN M

300003180863-4

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

1997 S.E. CRYSTAL MYST ST.

-03/22/00--01113--0019

******306.25 ****306.25**

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34983

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

Docc Hilford
REGISTERED AGENT MUST SIGN

Date **03-07-00**

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
C/P	REV. D.S.M. HILFORD	1997 S.E. CRYSTAL MYST PORT ST. LUCIE, FL 34983	PORT ST. LUCIE, FL 34983
D	WILLIAM HANNAH	3800 S.E. JEFFERSON ST	STUART, FL 34997
D	KATHERINE DUNNE	158 S. RIVER ROAD	STUART, FL 34996
S/T	NANCY ATWOOD	1997 S.E. CRYSTAL MYST	PORT ST. LUCIE, FL 34983

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:

Docc Hilford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-00 561-468-0403

Date

Daytime Phone #