

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N48000009665

1. Corporation Name

Wellsprings of Life INT'L

2. Principal Office Address

1050 N Beach ST  
Suite, Apt., etc.

3. Mailing Office Address

PO Box 250785  
Suite, Apt., etc.

City & State

Holly Hill

City & State

Holly Hill

Zip

32117

Country

Volusia

Zip

32125

Country

Volusia

REINSTATEMENT 99-04

4. Date Incorporated or Qualified  
To Do Business in Florida

10/2/98

5. FEI Number

593536135

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

Rose Schuhmacher

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

221 PUTNAM AVE

Suite, Apt., Etc.

City

ORMOND Bch

400039468304

07/23/04--01025--003 \*\*542 50

State  
FL

Zip Code

32174

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Rose Schuhmacher	221 PUTNAM AVE	ORMOND Bch FL 32174
Secy	IRENE SCOTT	3015 N HALIFAX #25	DAYTONA Bch FL 32119
Treas	John Penny	721 Ridgewood AVE	Holly Hill FL 32117

8/17/30

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

Rose Schuhmacher (Schuhmacher) 6/30/04 (3P) 290-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #