

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVISION OF CORPORATIONS

06 MAR 14 PM 3:26

DOCUMENT # **N 99000001841**

1. Corporation Name

UNIVERSAL METAPHYSICAL CHAPEL OF ALL SOULS

600068561516
03/24/06--01007--009 **297.50

2. Principal Office Address

7194 LAKE ISLAND DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL

Zip
33467

Country

PALM BEACH

Zip

Country

REINSTATEMENT 05-06
CR2E081 (12/05)

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

**5. FEI Number 501C (3)
E.D. 11-7303043**

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

REV. DR. RONALD FREDRICKS

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

7194 LAKE ISLAND DR.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

Rev. Dr. Ronald Fredricks
REGISTERED AGENT MUST SIGN

Date **Mar 14-06**

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.	REV. DR. RONALD FREDRICKS	7194 LAKE ISLAND DR.	LAKE WORTH FL 33467
VICE PRES.	REV. KELLY KRUIZENGA	1161 Grandview Cir	Royal Palm Beach FL 33411
SECT.	REV. PATRICIA MILLER	5156 MICHAEL DR.	West Palm Beach 33417
TREAS.	ANTOINETTE J. GIACCONE	37 HASTINGS C	West Palm Beach FL 33417
MEMBER at large	REV. VALERIE EDES	3130 Churchill Dr	Boynton Beach FL 33435

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 contained in Chapter 119, 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:

Rev. Dr. Ronald Fredricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mar 14 '06 5614342284
Daytime Phone #