

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005544

1. Corporation Name

TREE OF LIFE MINISTRIES OF THE HOLY SPIRIT, INC.

Principal Place of Business

Mailing Address

190 NW 9TH AVE.
FLORIDA CITY FL 33034

190 NW 9TH AVE.
FLORIDA CITY FL 33034

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1999

5. FEI Number

65-0952153

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PD	GRANT, ADAM	190 NW 9TH AVE.	FLORIDA CITY FL 33034
VD	GRANT, CHRISTYE	190 NW 9TH AVE.	FLORIDA CITY FL 33034
SD	SEABORN, JAVON	15475 SW 144TH PLACE	MIAMI FL 33177

REINSTATEMENT

03 78

700023852467
10/16/03--01035--004 **\$1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANT, CHRISTYE
190 NW 9TH AVE.
FLORIDA CITY FL 33034

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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)(l), 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 #

10-9-03

305-242-3619

CR2040 (7/03)

Payor

To whom it may concern
I Adam GRANT President of
Tree of Life Corp. did not receive
Notification, in mail as every year
I normally do. So I've call
(850) 245-6059 and was told
To Sign and Sent 6/25.

Thank-you
Adam GRANT