

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000006573

1. Corporation Name

RESTORATION OF LIFE MINISTRIES INTERNATIONAL, INCORPORATED

Principal Place of Business

Mailing Address

500 N. CONGRESS AVE.
WEST PALM BEACH FL 33403

P.O. BOX 1911
WEST PALM BEACH FL 33402-1911

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0956630

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33401

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STUBBS, STEPHEN REV.	500 N. CONGRESS AVE., #175 844 RYANWOOD DR	WEST PALM BEACH FL 33401 33413
D	GALLON, VALENCIA REV. STUBBS	500 N. CONGRESS AVE., #175 844 RYANWOOD DR	WEST PALM BEACH FL 33401 33413
D	MCGHEE, ELIZABETH REV.	647 NORTH ST.	DAYTONA BEACH FL 32114
D	STUBBS, STEPHEN REV	844 RYANWOOD DR	West Palm Beach FL 33413
D	STUBBS, Valencia Rev	844 RYANWOOD DR	West Palm Beach FL 33413

100003958951--9
-04/04/01--01069--008
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUBBS

GALLON, VALENCIA REV.

500 N. CONGRESS AVE., STE. 175
WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, Etc.

REINSTATEMENT

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.

Signature of
Registered Agent

Valencia Stubbs

REGISTERED AGENT MUST SIGN

Date 10/13/00

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)(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:

Stephen Stubbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 471-2788

Date

Daytime Phone #

CR2040 (200)