

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500109562615  
09/18/07--01014--015 \*\*603.75

500109562615  
09/18/07--01014--016 \*\*8.75

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO 5462

**1. Corporation Name**

International Association of Metaphysics,  
Inc.

**2. Principal Office Address - No P.O. Box #**

136 Chestnut Lane

Suite, Apt. #, etc.

City & State

Lake Helen FL

Zip

32744

Country

USA

**3. Mailing Office Address**

136 Chestnut Lane

Suite, Apt. #, etc.

City & State

Lake Helen, FL

Zip

32744

Country

USA

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

03/28/1985

**5. FEI Number**

953713281

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

James W. R. Thomas D.C.O.M.

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

136 Chestnut Lane

Suite, Apt. #, Etc.

City

Lake Helen

State

FL

Zip Code

32744

**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

*X James W. R. Thomas D.C.O.M.*  
REGISTERED AGENT MUST SIGN

Date 9-14-07

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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
P/D	James W. R. Thomas D.C.O.M.	136 Chestnut Lane	Lake Helen, FL 32744
V/D	Caroline Okahara	2617 Virginia Road	Los Angeles, CA 90016
S/D	Rev. Betsy Shanahan	P.O. Box 64	Cassadaga, FL 32706
T/D	Candice C. Woller	1685 Manor Way	Deland, FL 32720
REINSTATEMENT 08-07 BH			

**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:

*X James W. R. Thomas D.C.O.M.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/14/07 (386) 451-7214

Daytime Phone #