

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000001073*

1. Corporation Name

*New Abundant Life Outreach
Ministeries*

W05000013909

REINSTATEMENT 03-05

2. Principal Office Address

131 North Main Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 754

Suite, Apt. #, etc.

9/12/03 90103 011 \$70.00

City & State

Williston, Florida

City & State

Williston, Fla

Zip

32696

Country

Levy

Zip

32696

Country

Levy

4. Date Incorporated or Qualified
To Do Business in Florida

September 10, 1998

5. FEI Number

593540013

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

Tony Days III

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

21330 NE 37th Place

Suite, Apt. #, Etc.

City

Williston, Florida

State

FL

Zip Code

32696

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

000053933270

*05/06/05--01006--023 **174.50*

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
<i>Co-Pastor Treasurer</i>	<i>Tony Days III</i>	<i>21330 NE 37th Place</i>	<i>Williston, Florida 32696</i>
<i>Deacon</i>	<i>George Berry</i>	<i>10211 County Hwy 318</i>	<i>Reddick, Fla 32696</i>
<i>Missionary</i>	<i>Veriz Lee</i>	<i>246 NE 9th St.</i>	<i>Williston, Fla 32696</i>
<i>Pastor</i>	<i>Gladys Days</i>	<i>21330 NE 37th Place</i>	<i>Williston, Florida 32696</i>
<i>Deaconess</i>	<i>Cheryl Dempsey</i>	<i>917 SE 2nd Ave.</i>	<i>Williston, Florida 32696</i>

000053933270

*05/06/05--01006--022 **123.00*

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 corporation 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:

Tony Days III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

352-528-0598

Daytime Phone #

CR2E081 (01/04)