

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 APR 16 PM 6:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 99000001073

1. Corporation Name

New Abundant Life Outreach Min

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

131 N. MAIN ST.

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 754

Suite, Apt. #, etc.

City & State

Williston FLA

City & State

Williston FLA

Zip

32696

Country

Levy

Zip

32696

Country

Levy

4. Date Incorporated or Qualified To Do Business in Florida

2-18-1997

5. FEI Number

593540013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

000243092390  
04/17/13--01011--007 \*\*358.75

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Tony Days

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

131 N. MAIN ST.

Suite, Apt. #, Etc.

City

Williston, FLA

State

FL

Zip Code

32696

000243092390  
12/27/12--01032--018 \*\*236.25

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

Tony Days III  
REGISTERED AGENT MUST SIGN

Date 10-11-13

**S. HAWKES**

APR 18 2013

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
ADMI	<u>Tony Days III</u>	<u>21330 N.E 37th Pl</u>	<u>Williston, FLA 32696</u>
Paster	<u>Gladys Days</u>	<u>21330 N.E 37th Pl</u>	<u>Williston, FLA 32696</u>
Paster	<u>DARWIN DAYS</u>	<u>21330 N.E 37th Pl</u>	<u>Williston FLA 32696</u>
Trustee	<u>Vera Lee</u>	<u>432 S.E 5th St.</u>	<u>Williston FL 32696</u>
Trustee	<u>George Berry</u>	<u>10211 Ely Hwy 318</u>	<u>Reddick FLA. 32684</u>
Trustee	<u>Gary Lathan</u>	<u>583 Main St 32621</u>	<u>BROWSON FLA</u>

10. E-mail Address:

REINSTATEMENT@1011-13

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Tony Days III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-13  
Date Daytime Phone #

12-26-12