


# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000001073</b> 1. Entity Name <b>THE NEW ABUNDANT LIFE OUTREACH MINISTRIES INC.</b>	
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FILED  
 16 FEB 25 AM 10:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 131 N. MAIN STREET WILLISTON, FL 32696	Mailing Address PO BOX 754 WILLISTON, FL 32696
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2. Principal Place of Business - No P.O. Box # <i>131 N. MAIN Street</i>	3. Mailing Address <i>P.O. Box 754</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02262015 REIN-NP CR2E099 (12/11)

City & State <i>Williston, FLA.</i>	City & State <i>Williston FLA</i>	4. FEI Number 59-3540013	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32696</i>	Country <i>Levy</i>	Zip <i>32696</i>	Country <i>Levy</i>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DAYS, TONY III 131 N. MAIN STREET WILLISTON, FL 32696	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tony Days III* (NOTE: Registered Agent signature required when reinstating) DATE *3-3-15*

Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$236.25**  
 After January 1, 2016, Fee will be \$297.50

**Make check payable to**  
 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P DAYS, GLADYS <span style="float: right;"><input type="checkbox"/> Delete</span> STREET ADDRESS 21330 NE 37TH PL CITY-ST-ZIP WILLISTON, FL 32696
TITLE	T BERRY, GEORGE <span style="float: right;"><input type="checkbox"/> Delete</span> STREET ADDRESS 10211 CTYY HWY 318 CITY-ST-ZIP REDDICK, FL 32686
TITLE	CP DAYS, DARWIN <span style="float: right;"><input type="checkbox"/> Delete</span> STREET ADDRESS 21330 NE 37TH PLACE CITY-ST-ZIP WILLISTON, FL 32696
TITLE	ADM DAYS, TONY III <span style="float: right;"><input type="checkbox"/> Delete</span> STREET ADDRESS 21330 NE 37TH PLACE CITY-ST-ZIP WILLISTON, FL 32696
TITLE	T LEE, VERA <span style="float: right;"><input type="checkbox"/> Delete</span> STREET ADDRESS 432 SE 5TH ST CITY-ST-ZIP WILLISTON, FL 32696
TITLE	T LATHAN, GARY <span style="float: right;"><input type="checkbox"/> Delete</span> STREET ADDRESS 583 MAIN ST 32621 CITY-ST-ZIP BRONSON, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
NAME	500282640135 02/25/16--01023--013 **358.75
STREET ADDRESS	REINSTATEMENT
CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
NAME	FEB 25 2016 R. HUNT
STREET ADDRESS	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tony Days III* *3-3-15*