

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 756459

1. Corporation Name

SUN LIGHT PALL BEARERS CHARITABLE SOCIETY AND ITS AUXILIARIES, INCORPORATED

Principal Place of Business

Mailing Address

AND ITS AUXILIARIES, INCORPORATED  
637 NW FIRST ST  
OCALA FL 32675-6539

AND ITS AUXILIARIES, INCORPORATED  
637 NW FIRST ST  
OCALA FL 32675-6539

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

02/20/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2955658

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	MCDONALD, NEFAYE	414 NW 8TH AVE.	OCALA FL
P	BOONE, HENRY J.	2346 SW 3RD ST.	OCALA FL
D	MACDONALD, NEFAYR	414 NW 8 AVENUE	OCALA FL
D	MCDONALD, LILLIAN	637 NW 1ST STREET	OCALA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELCH, JOHN F  
916 SE FORT KING ST  
OCALA FL 34471

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John F. Welch*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-25-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-02 352-629-0997

CR2E040 (8/02)

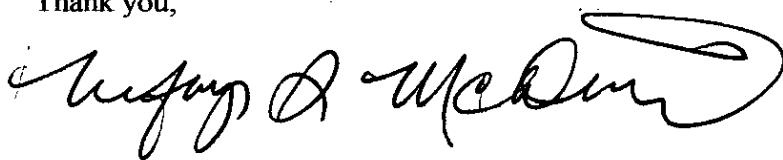
**SUN LIGHT PALL BEARERS CHARITABLE SOCIETY AND IT'S  
AUXILIARIES, INCORPORATED  
637 NW 1ST STREET  
OCALA, FL 34475**

**11-25-2002**

To whom it may concern:

We the organization of the Sun Light Pall Bearers Charitable Society and It's Aux, Inc., are requesting a wavier on the fact, we never received the first Annual Report for our Incorporation. Please re-instate our Incorporation.

Thank you,

A handwritten signature in black ink, appearing to read "Nefayr McDonald", with a large, stylized flourish at the end.

Nefayr McDonald, Director