

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 AM 10:09

DOCUMENT # N00000006608

1. Corporation Name

May The Blessings Be Cancer Foundation Corp.

2. Principal Office Address - No P.O. Box #
1319 Johns Cove Lane

3. Mailing Office Address
P.O. BOX 784012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Garden, FL

City & State
Winter Garden, FL

Zip Country
34787 Orange

Zip Country
34778 Orange

00015433370
04/30/09--01007--021 **437.50

REINSTATEMENT 03-09KS

4. Date Incorporated or Qualified To Do Business in Florida
October 03, 2000

5. FEI Number
593675200

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
Debra Sweeting

Street Address (P.O. Box Number is Not Acceptable)
1319 Johns Cove Lane

Suite, Apt. #, Etc.

City State Zip Code
Winter Garden FL 34787

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.

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

Debra Sweeting

REGISTERED AGENT MUST SIGN

Date 04/24/2009

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
D	Efren Sweeting	1319 Johns Cove Lane	Winter Garden, FL 34787
D	Valerie Wright	4300 Newton Avenue, #65	San Diego, CA 92113
D	Denese Wright	4300 Newton Avenue, #65	San Diego, CA 92113
D	DEBRA SWEETING	1319 JOHNS COVE LANE	WINTER GARDEN, FL 34787

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:

Debra Sweeting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Sweeting

04/24/2009

Date

407-376-5002

Daytime Phone #