

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 26 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006134

1. Corporation Name

NEW BEGINNING LIGHTHOUSE
OF PRAYER, Inc

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

102 Brownlee St

Suite, Apt. #, etc.

C

City & State

STARKE, FL

Zip

32091

Country

Bradford

3. Mailing Office Address

PO Box 353

Suite, Apt. #, etc.

City & State

STARKE, FL

Zip

32091

Country

Bradford

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number

320049931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sylvia Jefferson

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

375 Davis St

Suite, Apt. #, Etc.

City

Starke, FL

State

FL

Zip Code

32091

☒ 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

Sylvia Jefferson
REGISTERED AGENT MUST SIGN

Date 10/18/07

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
PD	Jefferson, Sylvia	375 Davis St	Starke, FL 32091
SD	Jackson, Pamela	1395 Covington Lane	Starke, FL 32091
TD	Eiland, Learantine	1231 Harley Cir	Starke, FL 32091
D	Jefferson, Ramona	900 Clark St	Starke, FL 32091
REINSTATEMENT 06-07			

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:

Sylvia Jefferson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/07

Date

904 964-7928

Daytime Phone #