

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 10 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042007 REIN-NP CR2E099 (11/05)

4. FEI Number 65-1170001 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N03000001412
1. Entity Name
CHRIST BRINGS LIGHT AND FREEDOM, INC



Principal Place of Business 6295 LAKE WORTH RD SUITE 29 GREEN ACRES, FL 33463
Mailing Address 6295 LAKE WORTH RD SUITE 29 GREEN ACRES, FL 33463

2. Principal Place of Business 3850 Lakeworth Rd. Suite, Apt. #, etc. Suite 4 City & State Lake worth Fl. Zip 33461 Country USA
3. Mailing Address 3850 Lakeworth Rd. Suite, Apt. #, etc. Suite # 4 City & State Lake worth Fl. Zip 33461 Country USA

6. Name and Address of Current Registered Agent
MONROIG, FRANCISCO REV.
212 MEADOWS CIRCLE
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

700085843137
01/23/07--01020--022 **122.50

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROIG, FRANCISCO REV. 212 MEADOWS CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONROIG, MELBA 212 MEADOWS CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700085843137 01/23/07--01020--023 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Francis Monroig 01/04/07 561-6495061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20 1/11