

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N05 00000 5396*

1. Corporation Name

*Safe Harbor Resale and Thrift Store
Corporation*

REINSTATEMENT *06-08^{KS}*

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

3707 Ravenwood Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32839

Country

USA

3. Mailing Office Address

5802 Makoma Dr.

Suite, Apt. #, etc.

Suite #5

City & State

Orlando, FL.

Zip

32839

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4-28-2005

5. FEI Number

20-2512771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name *Tyrone S. Sparrow*

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

3707 Ravenwood Ave.

Suite, Apt. #, Etc.

City *Orlando*

State **FL**

Zip Code *32839*

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

Tyrone Sparrow

REGISTERED AGENT MUST SIGN

Date *1-1-2008*

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
<i>Co- Pastor</i>	<i>Sabrina Raibon</i>	<i>P.O. Box 540929</i>	<i>Orlando, FL. 32854</i>
<i>Pastor</i>	<i>Michael Raibon</i>	<i>P.O. Box 540929</i>	<i>Orlando, FL. 32854</i>
<i>Volunteer Director</i>	<i>Tyrone Sparrow</i>	<i>3707 Ravenwood Ave.</i>	<i>Orlando, FL. 32839</i>
<i>Co- Pastor</i>	<i>Sabrina Raibon</i>	<i>5802 Makoma Dr. #5</i>	<i>Orlando, FL. 32839</i>
<i>Pastor</i>	<i>Michael Raibon</i>	<i>5802 Makoma Dr. #5</i>	<i>Orlando, FL. 32839</i>

01/04/08--01019--006 ***360.00

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:

Sabrina Raibon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-1-2008

Daytime Phone #

407-922-2542