

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 26 PM 1:09

DOCUMENT # N05000007248

1. Corporation Name

Real life Abundance International
Church, Inc

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

6644 Arlington Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32211

Country

USA

3. Mailing Office Address

6644 Arlington Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32211

Country

USA

CR2E081 (1/07) 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/2005

5. FEI Number

331087796

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

Roderick N. Jones

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

8937 Yeoman Dr.

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32208

☐ 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

Roderick N. Jones

REGISTERED AGENT MUST SIGN

Date Oct. 31, 2007

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
P.D.	Roderick N. Jones	6644 Arlington Rd	Jacksonville, FL 32211
D	Cassandra Jones	6644 Arlington Rd	Jacksonville, FL 32211
D	Shawn Wiggins	6644 Arlington Rd	Jacksonville, FL 32211

REINSTATEMENT 06-07

800112010608
11/05/07--01050--014 **245.00
800112010608
12/04/07--01006--008 **52.50

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:

Cassandra Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 31, 2007

Date

Daytime Phone