

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08000009195

1. Corporation Name

Sunlight Pall Bearers Charitable Society No. 57 Corp

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

7062 Holley St

Suite, Apt. #, etc.

N/A

City & State

Zellwood FL

Zip

32798

Country

US

3. Mailing Office Address

PO Box 802

Suite, Apt. #, etc.

N/A

City & State

Zellwood FL

Zip

32798

Country

US

7. Name and Address of Current Registered Agent

Name

Eddie J. Hines

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

7062 Holley ST

Suite, Apt. #, Etc.

N/A

City

ZELLWOOD

State

FL

Zip Code

32798

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

Eddie J. Hines (Pres)
REGISTERED AGENT MUST SIGN

Date **03/15/2011**

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	Eddie J. Hines	7062 Holley St	Zellwood, FL 32798
V	Tommie Williams	3348 Harry St	Apopka, FL 32712
S	Elizabeth Hines	7062 Holley St	Zellwood, FL 32798
T	Lozier Jackson	305 Maine Ave	Apopka, FL 32712

10. E-mail Address: **ernestinealston@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Eddie J. Hines (Pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2011 407-219-6602

Date

Daytime Phone #

FILED

11 MAR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500199045105
03/23/11--01004--004 **70.00

500199045105
03/23/11--01004--003 **236.25

REINSTATEMENT (D-1)

4. Date Incorporated or Qualified
To Do Business in Florida **09/29/2008**

5. FEI Number
90-0438174

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

3/23
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