

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 16 PM 12:03

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N46736

1. Corporation Name

Mary Mother of Light, Inc.

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

4891 Lake Worth Rd.

3. Mailing Office Address

4891 Lake Worth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenacres, FL

City & State

Greenacres, FL

Zip

33463

Country

US

Zip

33463

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/8/1992

5. FEI Number

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

Ronald Beshara

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

5200 N. Flagler Drive

Suite, Apt. #, Etc.

Apt 1404

City

West Palm Beach

State

FL

Zip Code

33407

☐ 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

REGISTERED AGENT MUST SIGN

Date

**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	Kevin Faris	2159 Wingate Bend	Wellington, FL 33414
T/D	Sarah Rochon	1368 Waterway Cover Drive	Wellington, FL 33414
S/D	Bernadette Shalhoub	8429 W. Lake Drive	Lake Clarke Shores, FL 33406
D	Ronald Beshara	5200 N. Flagler Drive #1404	West Palm Beach, FL 33407

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

200136978812  
10/16/08--01030--004 \*\*338.75

REINSTATEMENT  
CR2E081 (10/08)

06-08

*Ronald Beshara* RONALD BESHARA

601-427-8277