

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REMOVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N48784**

1. Corporation Name

SON-GLOW MINISTRIES, INCORPORATED

Principal Place of Business

8726 BELLE RIVE BLVD.
JACKSONVILLE FL 32256

Mailing Address

8726 BELLE RIVE BLVD.
JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1992

5. FEI Number

59-3123117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
D	CAIN, JOHN W.	8726 BELLE RIVE BLVD.	JACKSONVILLE FL
D	CAIN, E. NELL	8726 BELLE RIVE BLVD.	JACKSONVILLE FL
D	WALDING, JOSEPH A.	1092 OVINGTON ROAD	JACKSONVILLE FL
D	CREECY, JAMES V.	1632 MARION COURT	JACKSONVILLE FL

800002696818--2
11/25/98 11/16/98
***245.00 ***245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAIN, E. NELL
8726 BELLE RIVE BLVD.
JACKSONVILLE FL 32256

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of John W. Cain
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

John W. Cain
JOHN W. CAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/98

Daytime Phone #

(904) 733-6280

CR2ED40 (8/98)