

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF CORPORATION
09 NOV -5 PM 12:20

DOCUMENT # N94000001925

1. Corporation Name

SONLIFE BAPTIST CHURCH of VALRICO, Inc.

2. Principal Office Address - No P.O. Box #
4020-E-LUMSDEN RD.

Suite, Apt. #, etc.

City & State
VALRICO, FL

Zip
33594

Country
USA

3. Mailing Office Address
4020-E-LUMSDEN RD.

Suite, Apt. #, etc.

City & State
VALRICO, FL

Zip
33594

Country
USA

700162524087
11/05/09--01013--001 **297.50
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593239678

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
TALMADGE KICKLIGHTER

Street Address (P.O. Box Number is Not Acceptable)
3827 TWILIGHT DR.

Suite, Apt. #, Etc.

City
VALRICO

State Zip Code
FL 33594

☒ 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

Talmdge Kicklighter
REGISTERED AGENT MUST SIGN

Date 10-16-2009

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
PRES.	BOYETTE, JAMES THOMAS	101 SHAREWOOD DR.	VALRICO, FL 33594
V.P.	PORTER, KAREN	2609 DRUMWOOD PL.	VALRICO, FL 33594
TRES.	BOYETTE, GERALDINE	101 SHAREWOOD DR.	VALRICO, FL 33594
SEC.	THOMAS, DEBBY	1139 LUMSDEN TRACE CIR.	VALRICO, FL 33594
DIRE.	KICKLIGHTER, WINNIFRED	3927 TWILIGHT DR.	VALRICO, FL 33594
DIRE.	WALDROP, DENNIS	P.O. BOX 5	BALM, FL 33503

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:

James Thomas Boyette

JAMES THOMAS BOYETTE

10-16-2009

813-689-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #