

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 12 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002152

1. Corporation Name

Abiding Light Ministries, Inc

2. Principal Office Address

103 S Franklin Avenue

3. Mailing Office Address

P.O. Box 366

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Archer, FL

City & State

Archer, FL

Zip

32618

Country

USA

Zip

32618

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 28, 1994

5. FEI Number

59-3240942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Jacqueline R. Polke

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

103 S Franklin Avenue

Suite, Apt. #, Etc.

N/A

City

Archer

State
FL

Zip Code
32618

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

Jacqueline Polke

REGISTERED AGENT MUST SIGN

Date **4-23-03**

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/S	Jacqueline Polke	103 S Franklin Avenue	Archer, FL 32618
✓ V/T/M	Clarence Polke	103 S Franklin Avenue	Archer, FL 32618
D	Deloris Brown	611 Broadwalk BLVD	Archer, FL 32618
✓ D	Anne Lee	4404A 70th Terrace	Gainesville, FL 32608
✓ D	Christopher Polke	103 S Franklin Avenue	Archer, FL 32618

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 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:

Jacqueline Polke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

(352)
495-9019

Daytime Phone #

CRZE081 (10/02)