

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 30 AM 9:36

DOCUMENT # 119600000352

1. Corporation Name

Abundant Life Outreach Ministries Inc.

SP

REINSTATEMENT 99-02

2. Principal Office Address

284 West King St.
Suite, Apt. #, etc.

3. Mailing Office Address

284 West King St.
Suite, Apt. #, etc.

City & State

St. Augustine

City & State

Florida

Zip

32084

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/5/96

5. FEI Number

593297253

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

Carrie Stroman

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

284 West King Street

Suite, Apt. #, Etc.

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****429.00 ****428.75

City

St. Augustine

State

FL

Zip Code

32084

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

Carrie Stroman
REGISTERED AGENT MUST SIGN

Date 07-30-2002

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 |
|----------------|--------------------------------------|--|--------------------------------|
| President | <u>Vernon T. Stroman, Sr.</u> | <u>284 West King Street</u> | <u>St. Augustine, FL 32084</u> |
| Vice President | <u>Carrie Stroman</u> | <u>284 West King Street</u> <u>Asst. Director</u> | <u>St. Augustine, FL 32084</u> |
| Secretary | <u>Sabrina Stroman</u> | <u>284 West King Street</u> <u>Officer</u> | <u>St. Augustine, FL 32084</u> |
| Treasurer | <u>Wanda Bargeman</u> | <u>1088 W. 15th St.</u> <u>Officer</u> | <u>St. Augustine, FL 32085</u> |
| Trustee | <u>Cedric Early</u> | <u>17 Ferry Place</u> <u>Officer</u> | <u>St. Augustine, FL 32084</u> |
| Trustee | <u>Sherena Early</u> | <u>17 Ferry Place</u> <u>Officer</u> | <u>St. Augustine, FL 32084</u> |

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:

Carrie Stroman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-30-02

Daytime Phone #

(904) 829-1930

CR2E081 (9/01)