

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

05 DEC 29 PH 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003415

1. Corporation Name

TRUELIGHT PALLBEARERS CHARITABLE SOCIETY, INC.

300063483923
01/12/06--01003--009 **428.75

2. Principal Office Address

C/O New Providence MBC

3. Mailing Office Address

C/O New Providence MBC

Suite, Apt. #, etc.

950 NW 53 Street

Suite, Apt. #, etc.

950 NW 53 Street

City & State

Miami, FL

City & State

Miami, FL

Zip

33127

Country

U.S.A.

Zip

33127

Country

U.S.A.

REINSTATEMENT

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1997

5. FEI Number
650770332

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

Patricia Crawford

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

3240 NW 46 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33142

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

Patricia Crawford

REGISTERED AGENT MUST SIGN

Date 12/21/2005

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
DP	Roosevelt Hooker	3061 Elizabeth Street	Miami, FL 33132
DV	James Jackson	6289 SW 59 Place	South Miami, FL 33143
DS	Patricia Crawford	3240 NW 46 Street	Miami, FL 33142
DT	Lottie Becton	13805 NW 10th Ave	Miami, FL 33150
DV	Charles Witherspoon	950 NW 53 Street	Miami, FL 33127

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:

Patricia Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Crawford 12/21/2005 305-907-4891

Date

Daytime Phone #

K. Eckel DEC 29 2005