


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

REINSTATEMENT

02-05

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.

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* Date 12/21/2005

REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel DEC 29 2005