

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007010

1. Corporation Name

Beacon of Love, Inc

2533 Railroad Ave

W06 - 7053

2. Principal Office Address

3. Mailing Office Address

1956 Hwy 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Westville,

City & State

City & State

Westville Fla

Fla

Zip

Country

Zip

Country

32464

Holmes

32464

Holmes

REINSTATEMENT 10-06

C. Roberts FEB 27 2006

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

N97000007010

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev Delores Sarnett

Pastor - Pres.

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

1956 Hwy 90

Suite, Apt. #, Etc.

400067027044

03/03/06--01025--030 **437.50

City

Westville, Fla 32464

State

FL

Zip Code

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

Rev. Delores Sarnett

Date 2-07-06

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
Pres.	Rev Delores Sarnett	1956 Hwy 90	Westville, Fla
Vice Pres	Rev Edna Bright	827 N. Carryville Rd	Bonifay, Fla
Sec	Juanita Kirkland	1956 Hwy 90	Westville 32464
Treas			

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

Rev Delores Sarnett

REV DELORES SARNETT

850-548-5916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-07-06

Daytime Phone #