

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL 13 PM 1:16  
SECRET  
FALL 2005

**DOCUMENT #** N98000001211

**1. Corporation Name**

Abundant Life Fellowship of the Palm Beaches, Inc.

**2. Principal Office Address**  
P. O. Box 10677

**3. Mailing Office Address**  
P. O. Box 10677

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach, Florida

City & State

Riviera Beach, Florida

Zip

33419-0677

Country

US

Zip

33419-0677

Country

US

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

March 1998

**5. FEI Number**

650815991

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

Terrance A. Kearney

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

1163 Freshwater Lakes Drive

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401-3240

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 7/8/2005

**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	Terrance A. Kearney	1163 Freshwater Lakes Drive	West Palm Beach, FL 33401
DT	Bruce Harris	20 Retford Court	Lumberton, NJ 08048
DS	Randy Bush	6452 Bay Island Court	Royal Palm Beach, FL 33411
FS	Roderick Hails	3783 Victoria Road	Royal Palm Beach, FL 33411

100057417061

07/13/05--01047--003 \*\*245.00

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2005

Date

561-396-4993

Daytime Phone #

CR2E081 (01/05)