

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000001073

1. Corporation Name

New Abudant Life Outreach Ministries

2. Principal Office Address - No P.O. Box #

131 N Main Street

Suite, Apt. #, etc.

City & State

Williston, Florida

Zip

32696

Country

United States

3. Mailing Office Address

P.O. Box 754

Suite, Apt. #, etc.

City & State

Williston, Florida

Zip

32696

Country

United States

7. Name and Address of Current Registered Agent

Name

Tony Days III

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

21330 NE 37th Place

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

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

February 14, 2008

**5. FEI Number
593540013**

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Tony Days III

REGISTERED AGENT MUST SIGN

Date **2-14-08**

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
Co-Pas	Tony Days III	21330 NE 37th Place	Williston, Fl. 32696
Deacon	George Berry	10211 County Hwy. 318	Reddick, Fl. 32686
Mission	Verie Lee	246 NE 9th Street	Williston, FL. 32696
Pastor	Gladys Days	21330 NE 37th Place	Williston, Fl. 32696
Deacon	Barbara Brooks	14415 SW 170th Street	Archer, Fl. 32618

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:

Tony Days III **TONY DAYS III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-08-352-955-6714

FILED

08 FEB 28 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400119552144
03/06/08--01019--012 **184.00

REINSTATEMENT
CR2E081 (12/07)

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