## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Williston, Florida    Description   Country   Zip   Sacitions of Sacitions of Section 607,9505 or 617,650, Florida   Sacition 607,9505 or 617,650, Florida   Sacitions of Section 607,9505 or 617,650, Florida   Sacition 607,9505 or 617,0503, Florida   Saciti	REINSTATEMENT					DEPARTMENT OF STATE Secretary of State rision of corporations		OBFEB 28 AMII: 23		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 44 (37.067.085-01019012 **184.04.0	l <u>-</u>							TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 131 N Main Street P.O. Box 754  Suite, Apt. #, etc.  To Country  Zip  Country  Zip  Country  Zip  Country  United States  7. Name and Address of Current Registered Agent  Name  Tonry Days III  Street Address (P.O. Box Number is Not Acceptable)  21330 NE 37th Place  Street Address (P.O. Box Number is Not Acceptable)  P. Number address (P.O. Box Number is Not Acceptable)  Street Address of Each Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Director (Piorida nonprofit corporations must list at least 3 directors)  To your Address of Each Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors)  To y	New Abudant Life Outreach Ministries									
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  Williston, Florida  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi								4 03/0	00119552144 6/0801019012 **184.00	
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  Williston, Florida  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2. Principal Office Address - No P.O. Box # 3. Mailing Of					ffice Address		PF	INSTATEMENT (6-0)	
City & State Williston, Florida United States Villiston, Florida S. FEI Number 593540013 Applied 593540013  F. FEI Number 593540013  F. FEI Number 593540013  F. FEI Number 593540013  F. Certificate of Status Desired Villiston Florida States Vinited								I LED	CR2E081 (12/07)	
City & State  Williston, Florida  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Suite, Apt. #, etc.  Suite, Apt. #, etc.									
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Name Tony Days III Street Address (P.O. Box Number is Not Acceptable) 21330 NE 37th Place Suite, Apt. #, Etc.    The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, y are certifying the prior notices were received and requesting the reinstatement fee be waived.    City	1				1 '	1	-	CERTIFICATE OF STATUS DESIRED s8.75 Additional Fee required for a Certificate of Status		
Tony Days III  Street Address (P.O. Box Number is Not Acceptable) 21330 NE 37th Place  State Address of Each Officer and/or Directors  Titles Officers and/or Directors  Titles Officers and/or Directors  Tony Days III  21330 NE 37th Place  Titles Officers and/or Directors  10211 County Hwy. 318  Reddick, Fl. 32686  Missing Verie Lee  246 NE 9th Street  Williston, Fl. 32696  10. 1 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 fill this reinstatement application, the resceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indication this application, the resceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indication this application, the resceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indication this application, the resceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indication this application, the resceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indication this application, the resceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indication this application contained in Chapter 119, F.S. The information indication this application contained in Chapter 119, F.S. The information indication this application contained in Chapter 119, F.S. The information indication this application contained in Chapter 119, F.S. The information indication this application contained in Chapter 119, F.S. The information indication this application contained in Chapter 119, F.S. The information indication this application is the end accurate, and my signature shall have the same legal effect as if made under	7. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable) 21330 NE 37th Place  Suite, Aprt. 8, Etc.  City Williston  State Special Street Signature of City Registered Agent Registered								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.		
Suite, Apt. 6, Etc.  City Williston  State Signature of City Agent Registered Agent Registe	Street Address (P.O. Box Number is Not Acceptable)									
City Williston  8. I, being appointed the registered agent gl-this above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent 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 Officer and/or Directors Street Address of Each Officer and/or Director (City / State / Zip  Co-Pas Tony Days Tony Days Registered Agent Place Williston, Fl. 32696  Deace George Berry 10211 County Hwy. 318 Reddick, Fl. 32686  Missical Verie Lee 246 NE 9th Street Williston, Fl. 32696  Pastor Gladys Days 21330 NE 37th Place Williston, Fl. 32696  Deace Barbara Brooks 14415 SW 170th Street Archer, Fl. 32618  10. Learly 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 fill this rainstatement 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 fer oved 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 indication this application is true and accurate, and my signature shall have the same legal effect as if made under cath.										
Williston  8. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent Torry Registered Agent MUST SIGN  9. Names and Street Addressas of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Name of Officer and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tony Days Tony Days Reddick, Fl. 32696  Deace George Berry 10211 County Hwy. 318 Reddick, Fl. 32696  Missing Verie Lee 246 NE 9th Street Williston, Fl. 32696  Pastor Gladys Days 21330 NE 37th Place Williston, Fl. 32696  Deace Barbara Brooks 14415 SW 170th Street Archer, Fl. 32618  10. Learlity that Lam 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 hurther certify that when fifth its 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 for 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 indicator in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.										
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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 fill 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 fe 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 indiction this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Titles								City / State / Zip	
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SIGNATURE: TOTALY COUPTH TOTALY DAYS THE U-14-08-352-955-6714										