


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 20 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099 000001760

1. Corporation Name
New Light Fellowship, Inc.

P.O. Box 17866, West Palm Beach, Florida 33407

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		P.O. Box 17866, West Palm Beach, FL	
City & State		City & State	
West Palm Beach, Florida		West Palm Beach, Florida	
Zip	Country	Zip	Country
33407	U.S.A	33407	U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0939896 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
Richard Scott

Street Address (P.O. Box Number is Not Acceptable)
3901 South Flager Drive

Suite, Apt. #, Etc.
Apt #701

City
West Palm Beach

State
FL

Zip Code
33405

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] Date 12-13-04

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
PD	Richard Scott	3901 South Flager Drive	WPB, FL 33405
D	James Marshall	156 Private Place	WPB, FL 33413
D	Cassandra Scott	3901 South Flager Drive	WPB, FL 33405
T	Howard Brown	4521 Discovery Lane #1	WPB, FL 33417

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12/20/04-01072-024 **306.25

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] HOWARD BROWN 12/13/04 561 801-2894

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

TREASURER

CR2E001 (01/04)