

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000073725



1. Entity Name
PRAISE THE LORD'S WORK, INC.

Principal Place of Business
6428 1ST AVE WEST
SEBRING, FL 33876

Mailing Address
6428 1ST AVE WEST
SEBRING, FL 33876

FILED
05 OCT 31 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
PO Box 2326
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2326
Suite, Apt. #, etc.

10102005 REIN-P CR2E098 (6/04)

City & State
Homosassa Springs, FL
Zip 34447 Country

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Homosassa Springs, FL
Zip 34447 Country

4. FEI Number
14-1907892
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOOMEY, MICHAEL
6428 1ST AVE WEST
SEBRING, FL 33876

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3430 S. Juncost Blvd
City Homosassa FL Zip Code 34448

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Toomey
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME TOOMEY, MICHAEL ☐ Delete
STREET ADDRESS 6428 1ST AVE WEST
CITY-ST-ZIP SEBRING, FL 33876

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 2326
CITY-ST-ZIP Homosassa Springs FL 34447

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400061042404
CITY-ST-ZIP 10/31/05--01042--006 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Toomey MICHAEL TOOMEY 10/10/05