

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 FEB -2 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 53-04

200028058002
02/02/04--01092--021 **1531.25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763338
1. Corporation Name

LOVE AND LIFE MINISTRIES, INC.

2. Principal Office Address 3144 Gallant Dr. Suite, Apt. #, etc.		3. Mailing Office Address 3144 Gallant Dr. Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32250	Country Duval	Zip 32250	Country Duval

4. Date Incorporated or Qualified To Do Business in Florida 05/18/1982

5. FEI Number 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
Hazel Carmichael

Street Address (P.O. Box Number is Not Acceptable)
3144 Gallant Dr.

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32250

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 Hazel Carmichael Date 1-22-04
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
P/M/D	Hazel Carmichael	3144 Gallant Dr.	Jacksonville, FL/32250
V/T/D	Roy Carmichael	3144 Gallant Dr.	Jacksonville, FL/32250
V/D	Jean Toth	4100 NW 28th Lane apt 26	Gainsville, FL/32606
V/D	Barbara Blount	21796 County Road 121	Hillard, FL/32046
S/D	Melanie Jewell	2980 Chase Ridge Rd,	Middleburg, FL/32068

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: Hazel Carmichael HAZEL Carmichael 1-22-04 904821-8507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)