

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 28 PM 5:00

DOCUMENT # *F05000003739*

1. Corporation Name

LAEVANS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/28/09--01023--001 **122.50

800162255778

10/28/09--01023--001 **122.50

REINSTATEMENT

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

2714 W. Market Street

3. Mailing Office Address

P.O. Box 36195

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

City & State

Greensboro NC

City & State

Greensboro NC

Zip

27403

Country

U.S.

Zip

27416

Country

U.S.

4. Date Incorporated or Qualified To Do Business In Florida

4/23/05

5. FEJ Number

470935850

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

Christopher Lovett

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

1306 Park Cir

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33604

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.

Pay 122.50

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

Chris Lovett

REGISTERED AGENT MUST SIGN

Date *10/23/09*

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
<i>VP</i>	<i>Christopher Lovett</i>	<i>1306 Park Cir</i>	<i>Tampa FL 33604</i>
<i>PD</i>	<i>Helen Evans</i>	<i>2714 W. Market St. Ste 6</i>	<i>Greensboro, NC 27403</i>
<i>C</i>	<i>Lamar LaCourt</i>	<i>614 Winham St</i>	<i>Tampa, FL 33619</i>
<i>C</i>	<i>Rev. Kennedy Watson</i>	<i>4303 W. Main Street</i>	<i>Tampa, FL 33607</i>

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:

Helen Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/09

Daytime Phone #

3369881534