

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01064**

1. Corporation Name

**LOVING HANDS MINISTRIES, INC.**

Principal Place of Business

1704 11TH ST WEST  
BRADENTON FL 34205-7637  
US

Mailing Address

P.O. BOX 1157  
BRADENTON FL 34206-1157  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1984

5. FEI Number

59-2573982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** *98*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WILSON, WENDELL C.	9511 36TH AVE. EAST	PALMETTO FL
D	WILSON, DORIS J.	9511 36TH AVE EAST	PALMETTO FL
SD	BROWN, PAUL A	1674 UNIVERSITY PARKWAY #66	SARASOTA FL
<del>DT</del>	<del>PENNINGTON, GREGORY L.</del>	<del>206 43RD STREET W.</del>	<del>BRADENTON FL</del>
D	HELLIER, CHARLES J.	6022 GLENN ABBY LANE	BRADENTON FL

8. Name and Address of Current Registered Agent

WILSON, WENDELL C.  
5103 18TH AVENUE W.  
BRADENTON FL 33529

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

~~500002719535-8~~

~~-12/22/98-01083-008~~

~~\*\*\*236.25~~ ~~State~~ ~~Zip Code~~

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/10/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/98 9417475683