

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 23 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9500002243*

1. Corporation Name

Rescue of Love Inc.

2. Principal Office Address

951 Copperidge Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

Same as Above
Suite, Apt. #, etc.

City & State

ORANGE PARK FL.

City & State

Zip

32065

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/95

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

CLAUDE MATTHEWS

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

951 Copperidge Ct.

Suite, Apt. #, Etc.

City

ORANGE PARK, FL.

State
FL

Zip Code

32065

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

Jeanette Matthe

REGISTERED AGENT MUST SIGN

Date *10/23/06*

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>President CEO</i>	<i>CLAUDE MATTHEWS</i>	<i>951 Copperidge Ct.</i>	<i>ORANGE PARK, FL 32065</i>
<i>Vice President</i>	<i>Roderick Elzy</i>	<i>138 Holly Place</i>	<i>Canton, GA.</i>
<i>2nd Vice P</i>	<i>Patrick Hadley</i>	<i>4521 S.W. 44th LANE</i>	<i>Deerfield, FL. 34474</i>
<i>3rd Vice P</i>	<i>Keith Andes Woodard</i>	<i>11340 W. Olympic Suite 270</i>	<i>Los Angeles CA 90064</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:

Jeanette Matthe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06

Date

Daytime Phone #



Reach Your Fullest Potential

To Whom it may concern:

I am writing to you to request that the penalty of reinstatement (\$175.00), be waived. Due to the fact that our company had moved to a new location we did not receive the 2000 forms from the state. Your understanding of this situation would be greatly appreciated. Thank you for your consideration,

Sincerely,

A handwritten signature in cursive script that reads "C. L. Matthews". The signature is written in black ink and has a long, sweeping tail that extends to the right.

C, L. Matthews
Founder/CEO

951 Copperridge Ct.
Orange Park, FL 32065
(904) 631-5697