

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1798000003274

1. Corporation Name

PERFECT LOVE OUTREACH Program
Inc.

2. Principal Office Address

4102 BROADWAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip
33407

Country
USA

3. Mailing Office Address

P.O. BOX 11505

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

Zip
33419

Country
USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/98

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

DOROTHY BOOTHER WATERS

200003802672-8

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

745 WEST 6TH APT #1

03/06/01 01073-920
****358.75 ****358.75

Suite, Apt. #, Etc.

City

RIVIERA BEACH

State

FL

Zip Code

33404

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

Dorothy Waters

REGISTERED AGENT MUST SIGN

Date 02/03/01

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
SEC.	JANET BRYANT T	351 WEST 18TH ST	RIVIERA Bch, FL 33404
TRES.	HELEN CANOE D	111 AVE O	WEST PALM Bch, FL 33407
Pres.	Dorothy Waters D	745 W 6th Apt 1	Riviera Beach, FL 33404
Pastor	Sebina Thomas T	621 W 7th St. Apt B	Riviera Beach, FL 33404
Administ	Aldria Hauser T	1607 Quail Dr. Apt. 209	Riviera Beach, FL 33404
Assistant			
Assistant			

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:

Dorothy Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/01

Date

Daytime Phone #

CR2E081 (9/00)