

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723211

1. Corporation Name

LIVING LOVE CHURCH, INC

Principal Place of Business

Mailing Address

790 COMMERCIAL AVE
COOS BAY OR 97420
US

790 COMMERCIAL AVE
COOS BAY OR 97420
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

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

04/19/1972

5. FEI Number

94-2277975

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
P	MENADIER, GUY H	700 COMMERCIAL AVE	COOS BAY OR
SD	MENADIER, DOROTHY	7650 SW 82ND ST, #H202 7400 SW 82ND ST, #K-1016	MIAMI FL
D	FROBE, VIRGINIA	SFC 14 RR1	SLOCAN PARK BC
DVP	FROBE, MAX	SFC 14 RR 1	SLOCAN PARK BC CANADA
			200002635232--3 -11/24/98--01040--022 ****236.25 ****236.25 11/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENADIER, DOROTHY
7400 SW 82ND ST K106
MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Dorothy Menadier
REGISTERED AGENT MUST SIGN

Date 11-14-98

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:

Dorothy Menadier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-98 541-2169-2812
Date Daytime Phone #

CR2E040 (9/98)