

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 FEB 11 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **723211**

1. Corporation Name

**LIVING LOVE CHURCH, INC.**

2. Principal Office Address

**7400 SW 82 ST**

Suite, Apt. #, etc.

**K106**

City & State

**MIAMI FL**

Zip

**33143**

Country

**USA**

3. Mailing Office Address

**7400 SW 82 ST**

Suite, Apt. #, etc.

**K106**

City & State

**MIAMI FL**

Zip

**33143**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**JUNE 1972**

5. FEI Number

**94-2277975**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**DOROTHY C. MENADIER**

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

**7400 SW 82 ST**

Suite, Apt. #, Etc.

**K106**

City

**MIAMI**

State

**FL**

Zip Code

**33143**

**400005064204-6**

**-03/07/02--01049--020**

**\*\*\*\*306.25 \*\*\*\*306.25**

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 Menadier**

REGISTERED AGENT MUST SIGN

Date

**Jan. 22, 2002**

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
<b>VP</b>	<b>MAX FROBE</b>	<b>55C14 RR 1</b>	<b>BRITISH COLUMBIA SLOCUM PARK VOG 2 EO</b>
<b>PR</b>	<b>GUY MENADIER</b>	<b>700 COMMERCIAL AVE</b>	<b>COOS BAY, OR 97420</b>
<b>D</b>	<b>ELIZABETH DEFREDE</b>	<b>700 COMMERCIAL AVE</b>	<b>COOS BAY, OR 97420</b>
<b>DIRECTOR</b>	<b>VIRGINIA FROBE</b>	<b>55C14 RR 1</b>	<b>SLOCUM PARK, BC CANADA VOG 2 EO</b>
<b>SIT</b>	<b>DOROTHY MENADIER</b>	<b>7400 SW 82 ST K106</b>	<b>MIAMI FL 33143</b>

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 Menadier, Secty. DOROTHY MENADIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Jan 22, 2002**

Daytime Phone #

**(305)**

CR2E081 (9/01)