APPLICATION FOR REINSTATEMENT

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

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FILED

02 FEB 28 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003407

8/21/01   90033 001-8175

1. Corporation Name

HARVEST OF BLESSINGS INC.

Principal Place of Business	Mailing Address
118 N. PARRAMORE AVE. ORLANDO FL 32801	118 N. PARRAMORE AVE. ORLANDO FL 32801

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	4. Date Incorporated or Qualified To Do Business in Florida	
DORIS EDWARDS	HARVEST OF Blessing	05/24/2000	
Suite, Apt. #, etc. 116 1/2 N. Parramore Ave	Suite, Apt. #, etc. 116 1/2 N. Parramore Ave	5. FEI Number	Applied For
City & State ORL FLA	City & State ORLANDO FLA	59-3649386	Not Applicable
Zip 32801 Country ORANGE	Zip 32801 Country ORANGE	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	Lorenzo Allen	4142 Forrestal	Orlando, Fla 32808
T	Linda Allen	4142 Forrestal	Orlando, Fla 32808
D	Leslie Allen Hunter	116 1/2 N. Parramore Ave	Orl. Fla. 32801
D	FAYE EDWARDS Hunter	116 1/2 N. Parramore Ave	Orl. Fla. 32801
T	Leonora Frederick	909 N. Lake Adair	Orlando, Fla. 32807
T	Betty OGDEN	2343 Atrium Circle	Orl. Fla 32808

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EDWARDS, DORIS FAYE 116 1/2 N. PARRAMORE AVE. ORLANDO FL 32801	Name Harvest of Blessing Street Address (P.O. Box Number is Not Acceptable) 116 1/2 N. Parramore Ave Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32801

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****175.00 ****175.00

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: *Doris Faye Edwards*

REGISTERED AGENT MUST SIGN

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****8.75 / ****8.75
Date 10-12-2001

11. 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.

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SIGNATURE: *Leslie Hunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-12-2001   Daytime Phone # 407-481-0911

CR2E040 (8/01)