

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

03 OCT 10 PM 1:30

DOCUMENT # N00000003407

1. Corporation Name

HARVEST OF BLESSINGS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500023707115
10/10/03--01046--009 **245.00

Principal Place of Business

Mailing Address

116 1/2 N. PARRAMORE AVE.
ORLANDO FL 32801

116 1/2 N. PARRAMORE AVE.
ORLANDO FL 32801



REINSTATEMENT 2003

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

05/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3649386

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
T	ALLEN, LORENZO	4142 FORRESTAL	ORLANDO FL 32806
T	ALLEN, LINDA	4142 FORRESTAL	ORLANDO FL 32806
D	ALLEN HUNTER, LESLIE	116 1/2 N. PARRAMORE AVE.	ORLANDO FL 32801
D	EDWARDS HUNTER, FAYE	116 1/2 N. PARRAMORE AVE.	ORLANDO FL 32801
T	FREDERICK, LEONORA	909 N. LAKE AVE.	ORLANDO FL 32807
T	OGDEN, BETTY	2343 ATRIUM CIR.	ORLANDO FL 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

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

Suite, Apt. #, Etc.

City

State

Zip Code

ORLANDO

FL

32801

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/8/03

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CR2E040 (7/03)