

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

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

Mailing Address

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

Handwritten initials



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

Not Applicable

City & State

City & State

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

EDWARDS, DORIS FAYE
116 1/2 N. PARRAMORE AVE.
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name: *Leslie Allen Hunter*
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*

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: *Leslie Allen Hunter*
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: *Leslie Allen Hunter*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *10/8/03*
Daytime Phone #

CR2E040 (7/03)