

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

500011127675
01/28/03--01040--012 **297.50

500011127675
01/28/03--01040--013 **8.75

DOCUMENT # N00000004397

1. Corporation Name

OPERATION LOVE OUTREACH, Inc

2. Principal Office Address

4400 NORTH POWERS

Suite, Apt. #, etc.

3. Mailing Office Address

505 E McCORMICK RD

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

APOPKA FL

Zip

32818

Country

USA

Zip

32703

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 2000

5. FEI Number

59-3854473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RIVA F. TIMS

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

505 E. McCORMICK RD

Suite, Apt. #, Etc.

City

APOPKA

State
FL

Zip Code

32703

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

Riva F. Tims

REGISTERED AGENT MUST SIGN

Date 1-14-03

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
Pres	RIVA F. TIMS	505 E. McCORMICK RD	APOPKA FL 32703
Vice	SAM ANDERSON	4282 McCinnon Rd	WINDERMERE FL 34786
Sec	MARY MEYERS	7715 CAPE HORN CT	ORLANDO FL 32835
Treas	ADA BARRETT	6820 Woodgrain CT	ORLANDO, FL 32761

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:

Riva F. Tims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-03 407-333-1687

Daytime Phone #