

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 5: 50

DOCUMENT # N01000000039

1. Corporation Name

FOR THE LOVE OF CHILDREN, INC.

Principal Place of Business

Mailing Address

6311 MULLIN STREET
JUPITER FL 33458

6311 MULLIN STREET
JUPITER FL 33458



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

12/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1101428

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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
DP	HOLMES, ALISA	6311 MULLIN STREET	JUPITER FL 33458
DS	FREDERICK, VERONICA	9911 WILLOW CROSSING DRIVE	HOUSTON TX 77064
DT	JONES, PATSY	1920 NORTH 43RD STREET	FT PIERCE FL 34948

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAYTON, BARRY L
1875 PALM BEACH LAKES BLVD STE 700
WEST PALM BEACH FL 33401

Name ALISA HOLMES
Street Address (P.O. Box Number is Not Acceptable)
6311 MULLIN ST.
Suite, Apt. #, Etc.

City JUPITER State FL Zip Code 33458

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 10/17/01

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/19/01
Daytime Phone # 561-575-4331

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Alisa Holmes
6311 Mth
Jupiter, FL 33458

October 18, 2001

To Whom It May Concern:

Please find enclosed reinstatement application for 'For the Love of Children Inc'. We mailed original information to you in March but at that time, we failed to put the FEI number on the form; it was being applied for. Since that time we have not received any documentation regarding the missing information until the reinstatement application. Thus, we request that all penalties be waived.

Thanks for your consideration.

Sincerely yours,



Alisa Holmes