

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ND1000004698

1. Corporation Name

**Labor in Love, Incorporated**

2. Principal Office Address

**3310 N.W. 80th Terrace**

3. Mailing Office Address

**1190 N.E. 200 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL 33147**

City & State

**Miami, FL 33179-2672**

Zip

**33147**

Country

**Miami-Dade**

Zip

**33179-2672**

Country

**Miami-Dade**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/05/2001**

5. FEI Number

**651129071**

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

**Sharon Sbrissa**

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

**1190 N.E. 200 Terrace**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code  
**33179-2672**

**TS**

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

*Sharon Sbrissa*  
REGISTERED AGENT MUST SIGN

Date

**10/6/03**

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.	Dorothy Bendross-Mindingall	3310 N.W. 80th Terrace	Miami, FL 33147
V.Pre	Sharon Sbrissa	1190 N.E. 200 Terrace	Miami, FL 33179-
Sec.	Elaine Diaz	17101 N.W. 46th Avenue	Miami, FL 33055
Treas.	Yolanda Cash-Jackson	3111 Sterline Road	Ft.Lauderdale, FL 33312

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: **Sharon Sbrissa, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharon Sbrissa* 305-651-2079

Date

Daytime Phone #

CR2E081 (10/02)