

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -9 PM 2:38

DOCUMENT # **N01000006037**

1. Corporation Name

LOVE JOY DEVELOPERS PIONEERS, Inc.

2. Principal Office Address - No P.O. Box #

1046 BLACKWOOD ST

Suite, Apt. #, etc.

ALTAMONTE SPRINGS

City & State

FLORIDA

Zip

32701

Country

SEMICOLE

3. Mailing Office Address

P O BOX 1826

Suite, Apt. #, etc.

ROCKINGHAM

City & State

NORTH CAROLINA

Zip

28380

Country

RICHMOND

4. Date Incorporated or Qualified

To Do Business in Florida 8/22/01

5. FEI Number

59-3740347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARGARET A ADAMS

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

4437 KING COLE BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32701

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Margaret A. Adams
REGISTERED AGENT MUST SIGN

Date

7/5/07

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.	ANITA ROSS	157 HAYWOOD AVE	ROCKINGHAM NC 28380
SEC.	BETH BALLARD	508 ENTWISTLE ST	HAMLET NC 28345
TREAS.	LEON GIBBS	1583 E SILVER STAR RD	O COEE FL 34761
TREAS.	DOBORAH HOSKINS	22661 HOYL CIRCLE	MAXTON NC 28364
Tr	JAMES INGRAM	P O BOX 492	LILLESVILLE NC 28391

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 contained in Chapter 119, 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:

Anita Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/05/07

Date

(910) 895-8312

Daytime Phone #