

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000007442**

1. Corporation Name

**HALL'S LOVE & CONCERN MINISTRIES, INC.**

Principal Place of Business

1024 SANDERS AVE.  
GRACEVILLE FL 32440

Mailing Address

1024 SANDERS AVE.  
GRACEVILLE FL 32440

P.O. Box 13  
Groomville, Fla  
32440



000009561170  
01/05/03--01038--001 \*\*\$1.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/2001

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	HALL, BOBBIE A	1024 SANDERS AVE.	GRACEVILLE FL 32440
PD	HALL, BOBBIE A	1024 SANDERS AVE.	GRACEVILLE FL 32440
D	BROXTON, LAVONDA	51 BLACKBERRY ST.	PAXTON FL 32538
D	STRICTLAND, GREG	29 BLACKBERRY ST.	PAXTON FL 32538

8. Name and Address of Current Registered Agent

HALL, BOBBIE A MRS.  
1024 SANDERS AVE.  
GRACEVILLE FL 32440

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Bobbie A Hall*  
REGISTERED AGENT MUST SIGN

Date

*02*

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:

*Bobbie A Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/02)

# Lobe and Concern Evangelistic Church of God

1022 Sanders Avenue  
(mailing address) Post Office Box 13  
Graceville, Florida 32440  
Evangelist Bobbie Hall, Pastor  
(850) 263-1021

DECEMBER 26, 2002

IN REFERENCE TO: THE UBR FORM

DEAR SIRs:

THIS LETTER IS TO INFORM YOU, THAT WE DID NOT RECEIVE THE  
PREVIOUS UBR NOTICES THAT YOU SENT. I HUMBLy REQUEST  
THAT YOU WAvIER THE REINSTATEMENT FEE.

THANK YOU IN ADVANCE.

SINCERELY,

PASTOR B. HALL

*Pastor B. Hall*