

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000005931

1. Corporation Name

HEAVENLY OUTREACH CENTER *JAC*

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

512 WEDGEWOOD PLAZA DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1672

Suite, Apt. #, etc.

City & State

RIVIERA BEACH

City & State

WEST PALM BEACH

Zip

33404

Country

PALM BEACH

Zip

33402

Country

PALM BEACH

7. Name and Address of Current Registered Agent

Name

PATRICIA ANN FULTON

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

512 WEDGEWOOD PLAZA DR

Suite, Apt. #, Etc.

City

RIVIERA BEACH

State

FL

Zip Code

33404

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

REGISTERED AGENT MUST SIGN

Date FEBRUARY 24, 2010

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
PD	PATRICIA JACKSON	512 WEDGEWOOD PLAZA	RIVIERA BEACH, FL 33404
ST	KORRIE FULTON	41027TH STREET	RIVIERA BEACH, FL 33404
V	MARY LOU NORTHERN	4753 AUSTRILAN BLVD	WEST PALM BEACH, FL 33407

10. E-mail Address: HEAVENLYOUTREACHPJ@HOTMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 29 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700173448997  
03/29/10--01066--005 \*\*428.75

REINSTATEMENT

04-10

4. Date Incorporated or Qualified  
To Do Business in Florida

8/01/2003

5. FEI Number

65-1152066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.