## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 04 HAY -7 PM 6: 16 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT** # N02000005943 1. Corporation Name HIGHERLOVE MISSION OUTREACH, INC. 2. Principal Office Address 3. Mailing Office Address P.O. BOX 510536 Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 08/05/2002 City & State City & State Applied For FEI Number **FLORIDA** MARATHON 81-0571645 Not Applicable Zip Country Country 6. \$8.75 Additional Fee required for a Certificate of Status 33050 CERTIFICATE OF STATUS DESIRED USA 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHRISTOPHER B. WALDERA, P.A. Suite, Apt. #, Etc. 11300 OVERSEAS HIGHWAY 500035750455 ns/n7/n4--n1n42--016 \*\*29 .50 State Zip Code MARATHON 33050 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Officers and/or Directors Officer and/or Director DEBORAH MALETIC PD 6099 OVERSEAS HIGHWAY, #7W MARATHON, FL 33050\_ SD TARA SETMAYER 315 ANGLERS DRIVE NORTH MARATHON, FL 33050 D FERNANDA MEIER 114 GERALDINE STREET KEY WEST, FL 33040 D JULIO CUBANO 10820 5TH AVENUE GULF MARATHON, FL 33050 D **ILEANA GOMEZ** 20 NORTH STREET ELWOOD PARK, NJ 07015 HILDA DEVOS 1669 OVERSEAS HIGHWAY MARATHON, FL 33050 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. 1-22-04 305-743-5736

Date Daytime Phone # SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR