

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000006284

1. Corporation Name

GREATER LOVE COMMUNITY INVOLVEMENT, INC

2. Principal Office Address

143 MAIN STREET(HWY. PARK)

Suite, Apt. #, etc.

City & State

LAKE PLACID, FLORIDA

Zip

33852

Country

HIGHLANDS

3. Mailing Office Address

27 PALM CIRCLE

Suite, Apt. #, etc.

City & State

AVON PARK, FLORIDA

Zip

33825

Country

HIGHLANDS

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0618971

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

JAMES L. HULEN

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

25 PALM CIRCLE

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

900029816879

03/03/04 01054-001 **236 25

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 02/25/04

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
P/D	James L. hulen	25 Palm Circle,	Avon Park, FL 33825
D	LouBertha Shuler	P.O. Box 546	Lake Placid, FL 33852
D	Verdie Walton	113 Hazel Avenue	Lake Placid, FL 33852
T/D	Daniel Kemp	100 Florida Drive	Lake Placid, FL 33852
			900029816879
			03/26/04 01096-001 **70.00

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:

James L. Hulen

02/25/04

(863)453-5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAR 19 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

CR2081 (01/04)