

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB -2 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 3000007157**

1. Corporation Name

**GOD LOVES YOU OUTREACH  
MINISTRIES, INC.**

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

**2341 N.W. 208<sup>th</sup> Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**2341 N.W. 208<sup>th</sup> Street**

Suite, Apt. #, etc.

City & State

**MIAMI GARDENS, FL**

City & State

**MIAMI GARDENS, FL**

Zip

**33056**

Country

**USA**

Zip

**33056**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**MARY L. MCCOY**

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

**2341 N.W. 208<sup>th</sup> STREET**

Suite, Apt. #, Etc.

City

**MIAMI GARDENS**

State

**FL**

Zip Code

**33056**

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

**Mary L. McCoy**

REGISTERED AGENT MUST SIGN

Date

**1/27/2009**

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
PASTOR	MARY L. MCCOY	2341 NW 208 <sup>th</sup> Street	MIAMI GARDENS, FL 33056
V. CHAIR	WILLIE A. CAPERS	112 Grier Manor Ct.	McDonough, GA 30253
CHAIR	MARY D. HELMS	2590 Old Covington Rd.	CONYERS, GA 30013
TRES.	VIRGINIA DAVIS	1616 N.W. 28 <sup>th</sup> Place	MIAMI GARDENS, FL 33056
SEC.	LINDA J. CLEMENS	133 Lees Lake Dr.	FAYETTEVILLE, GA 30214

**BH**

10. I certify that I am an officer or director or be 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:

**Willie A. Capers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/27/2009**

Daytime Phone #

**770-8758322**

MARY L MCCOY

2341 N.W. 208<sup>th</sup> Street Miami, FL 33056 • 305 620-8658 phone/fax • [alfredaenapere@bellsouth.net](mailto:alfredaenapere@bellsouth.net)

God Loves You Outreach Ministries, Inc.  
2341 N.W. 208<sup>th</sup> Street  
Miami Gardens, FL 33056  
January 27, 2009

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Docket No. N03000007157  
GOD LOVES YOU OUTREACH MINISTRIES, INC.

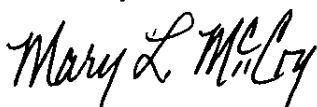
Dear Reinstatement Department:

This letter is to request that you waive the reinstatement fee and allow us to reinstate our corporation with the State of Florida. We did not receive the reinstatement notice via mail. Per our telephone conversation, I am attaching a check for \$183.75.

We greatly appreciate in advance your consideration.

If you have any questions about this, please call me at (305) 620-8658.

Sincerely



Mary L. McCoy,  
Pastor