

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -6 AM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704000004048

1. Corporation Name

LENORE'S OUTREACH SERVICES INC.

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

14909 Siplin Rd
Suite, Apt. #, etc.

3. Mailing Office Address

14909 Siplin Rd
Suite, Apt. #, etc.

City & State

Winter Garden Fla

Zip

34787

Country

Orange

City & State

Winter Garden Fla.

Zip

34787

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1112467

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

H.M. HARPE JR.

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

14909 Siplin Road

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

☒ 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.

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

H.M. Harpe Jr.

REGISTERED AGENT MUST SIGN

Date 6/01/07

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
V Director	Louise Harp	520 Dunbar Ave.	Winter Garden Fla 34787
S Director	Tamelia Long	14909 Siplin Road	Winter Garden Fla. 34787
D Director	Pamela Harp	14909 Siplin Road	Winter Garden Fla 34787
D Director	Oriel Ramsure	P.O. Box 682-446	Orlando Florida 32860
D Director	Emory Harp	14909 Siplin Road	Winter Garden Fla 34787

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 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:

H.M. Harpe Jr. / H.M. HARPE JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/01/07 407 656-9608
Date Daytime Phone #

6/18 am