

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB -8 AM 9:55

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

07-10

**REINSTATEMENT**

700164970297

01/22/10--01003--005 \*\*122.00  
CR2E081 (12/08)

DOCUMENT # N05000002188

1. Corporation Name

IT'S A LOVE THANG MINISTRY, INC

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

1733 NW 91<sup>st</sup> Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL.

Zip

33071

Country

USA

3. Mailing Office Address

1733 NW 91<sup>st</sup> Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL.

Zip

33071

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/2004

5. FEI Number

200928901

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

Samuel A. Price

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

4500 N. State Rd 7,

Suite, Apt. #, Etc.

Bldg. I-203, Suite 9

City

Lauderdale Lakes, FL

State

FL

Zip Code

33319

☒ 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.

700164970297

02/08/10--01068--005 \*\*131.75

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

Samuel A. Price

REGISTERED AGENT MUST SIGN

Oct. 19, 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
President	Darlene Williams	1733 NW 91 <sup>st</sup> Ave	Coral Springs, FL. 33071
Treasurer	Charles Williams	1733 NW 91 <sup>st</sup> Ave	Coral Springs, FL. 33071
Treasurer	Sandra Green	1101 NW 50 <sup>th</sup> Ave	Lauderhill, FL 33313
			M. MILLIGAN EXAMINER
			FEB -9 2010

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:

Darlene Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-09 954-401-9266

Daytime Phone #