

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB 26 PM 2:50

DOCUMENT # N05000002689

1. Corporation Name

A Loving Place, Inc

000170695920  
02/26/10--01043--018 \*\*245.00

CR2E081 (11/09)

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

4721 NW 50th St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac

City & State

Florida

Zip

33319

Country

Broward

Zip

33319

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03-08-2005

5. FEI Number

68-060328

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

Lisa Madison

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

4721 NW 50th St

Suite, Apt. #, Etc.

City

Tamarac

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.

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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|--------|--------------------------------------|---|------------------------------|
| pres   | Lisa Madison                         | 4721 NW 50 St                                     | Tamarac, Florida 33319       |
| Trea   | Nicole Moody                         | 17163 30 Ave NE                                   | Lakes Forrest Park, Wa 98155 |
| Sect   | Merrill Matthews                     | 260 Christian Rd # 15                             | New Castle, De 19720         |
|        |                                      |   |                              |
|        |                                      |   |                              |
|        |                                      |   |                              |

REINSTATEMENT

01-10 B  
3/2/10

10. E-mail Address: kathyrouse@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Lisa Madison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/2010