

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

09 SEP -8 AM 9:08

DOCUMENT # 765000069525

1. Corporation Name

From the Heart Charitable  
Foundation Corporation

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

8740 Crestgate Circle 8740 Crestgate Circle

Suite, Apt. #, etc.

3. Mailing Office Address

8740 Crestgate Circle 8740 Crestgate Circle

Suite, Apt. #, etc.

City & State

Orlando, FL 32819 Orlando, FL 32819

Zip Country

32819 Orange 32819 Orange

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2005

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Kietta Mayweather Gamble

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

8740 Crestgate Circle

Suite, Apt. #, Etc.

City  
Orlando

State Zip Code  
FL 32819

☒ 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 Kietta Mayweather Gamble

Date 9/3/2009

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kietta M Gamble	8740 Crestgate Cir	Orlando, FL 32819

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: Kietta M Gamble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/2009

Date

Daytime Phone #