

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

07-09

CR2E081 (10/09)

DOCUMENT # N060000 11498

1. Corporation Name

Brotherhood of Love Inc

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

10621 SW 173 st

Suite, Apt. #, etc.

3. Mailing Office Address

10621 SW 173 st

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

11-37941-90

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

Gary Johnson

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

10621 SW 173 st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157



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 section 617.0503, F.S.

Signature of

Registered Agent

Gary Johnson

REGISTERED AGENT MUST SIGN

Date

11/6/09

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
PRES	Gary Johnson	10621 SW 173 st	Miami, FL 33157
VP	Doris Hill	10621 SW 173 st	Miami, FL 33157

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11/25/09--01004--020 **183.75

10. E-mail Address:

Give thanks81@Yahoo.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Gary Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/09

Date

786 200 00924

Daytime Phone#

11/25/09