

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000007254

1. Corporation Name

Fountain of Blessings, Inc.

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

145 Country Club Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

Hillsborough

3. Mailing Office Address

145 Country Club Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

Hillsborough

4. Date Incorporated or Qualified

To Do Business in Florida 7/23/07

5. FEI Number

26-1443009

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

Mary Latortue

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

9719 Yeshua Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/25/2010

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
T	Reynald Latortue	9719 Yeshua Way	Tampa FL 33618
S	Rosemay Latortue	9723 Yeshua Way	Tampa, FL 33618
P	Patrick Watson, MD	9723 Yeshua Way	Tampa, FL 33618
D	Marva Jurdine	20230 Emmitt's Circle	Wesley Chapel, FL 33543
D	Jimmi Ethridge, MD	17718 Esprit Drive	Tampa, FL 33647
C	Denis Johnson, MD	7723 N Mobley Road	Odessa, FL 33556

10. E-mail Address: rlatortue@verizon.net

(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:

Reynald Latortue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2010

Date

8135054498

Daytime Phone #

FILED

10 JAN 29 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

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