

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000009785

1. Corporation Name

Love Conquers All Ministry, Inc.

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

2251 NW 49th Ave.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

Broward

3. Mailing Office Address

2251 NW 49th Ave.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

Broward

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/10

5. FEI Number
61-1628457

☐ 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

Valerie Simmons Knowles

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

2251 NW 49th Ave.

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33313

500238057455
08/02/12--01001--011 **297.50

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

Valerie Simmons Knowles

Date 7-25-12

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	Valerie Simmons Knowles	2251 NW 49th Ave.	Lauderhill, FL 33313
VP	Anthony Knowles	2251 NW 49th Ave.	Lauderhill, FL 33313
S	Jennifer Beaulieu	217 NW 8th Ave., Apt. 303	Hallandale, FL 33009
T	Almeir Wilkinson	3536 East Point Pl.	Coconut Creek, FL 33073
REINSTATEMENT			AUG -1, 2012
			11-12 T. SCOTT

10. E-mail Address: Baychild6@aatt.net VSknowles@hotmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Valerie Simmons Knowles*

7/17/12

954-717-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #