

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12971**

1. Corporation Name

BABY LOVE PREGNANCY CRISIS CENTER, INC.

Principal Place of Business

Mailing Address

10535 SPRING HILL DR
SPRING HILL FL 34608
US

PO BOX 5844
SPRING HILL FL 34611
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **00**

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1986

5. FEI Number

59-2830310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	MCKEAG, DAVID	9273 SWISS ROAD	700003515587--1 -12/28/00--01042--015 ****245.00 ****245.00 SPRING HILL FL
D	MCKEAG, BETTY	9273 SWISS ROAD	SPRING HILL FL
D	MORELLI, LORETTA	2440 ALLEGRO AVE.	SPRING HILL FL
D	TASSEY, REV. WILLIAM	397 JENICO COURT	SPRING HILL FL
D	LIVERMAN, MARTHA	18526 DRAYTON STREET	SPRING HILL FL 34610
D	REV Sheldon Woods	8485 Chatsworth ST	SPRING HILL, FL 34608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSTON, JOSEPH E., JR.
29 S. BROOKSVILLE AVENUE
BROOKSVILLE FL 33512

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joseph E. Johnston
REGISTERED AGENT MUST SIGN

Date **12-13-2000**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Betty J. McKeag **BETTY J. MCKEAG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/00
Date

**(352)
686
4107**
Daytime Phone #