

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 FEB 24 PM 8:55

BOARD OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N14 0000 10418

LOVING GOD ORPHAN CORPORATION INC.

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

709 S 11TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

709 S 11TH ST

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA, FL

Zip

33462

Country

PALM BEACH

Zip

33462

Country

PALM BEACH

600309164686
02/12/18--01032--002 **236.25

CR2E031 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-2014

5. FEI Number

47-2339657

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

JULES VIL

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

709 SOUTH 11TH ST

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

02/27/18--01016--001 **131.51

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

Jules Vil

REGISTERED AGENT MUST SIGN

Date 01-30-18

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	JULES VIL	709 S 11TH ST	LANTANA ,FL 33462
VP	ROSIER VANEL	709 S 11TH ST	LANTANA ,FL 33462
T	MARIE NOELLE VIL	709 S 11TH ST	LANTANA ,FL 33462
S	WILNER ALEXIE	709 S 11TH ST	LANTANA ,FL 33462
D	ORTANCILE ALTACIUS	709 S 11TH ST	LANTANA ,FL 33462

10. E-mail Address:

(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:

Jules Vil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-18

561-255-1954

Date

FLD Daytime Phone #