

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

DOCUMENT # **N21243**

1. Corporation Name

**LOVE GOSPEL ASSEMBLY OF GOD
INC.**

2. Principal Office Address

**24038 Harborview
Road**

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33980

Country

USA

3. Mailing Office Address

P.O. Box 494468

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33949

Country

USA

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/1987

5. FEI Number

650223033

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

GARCIA, TONY REVEREND

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

711 Leeland Heights Blvd. WEST

Suite, Apt. #, Etc.

City

LeHigh Acres

State

FL

Zip Code

33936

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

[Signature]

Date **4-27-04**

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
PD	Garcia, Tony Rev.	711 Leeland Hgts. Blvd. W. Le. High Acres, FL 33936	Le High Acres, FL - 33936
TD	Maldonado, David	22278 Vick Street APT 114	Port Charlotte, FL 33980
SD	Dukor, Barbara	2589 Rock Creek Dr.	Port Charlotte, FL 33948 (B)
D	magallanes, Blanca	3341 Lake view Blvd	Port Charlotte, FL 33948

10. 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:

Rev. Tony Garcia *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 (339)3693955

Date

Daytime Phone #

CR2E081 (01/04)