

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

06 NOV -3 PM 2:44

DOCUMENT # 1741133

1. Corporation Name

Mission of Love Community Church, Inc.

2. Principal Office Address

2923 N. Tampa St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33602

Country
U.S

3. Mailing Office Address

2923 N. Tampa St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33602

Country
U.S

REINSTATEMENT

CR2E081 (12/05)

99-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1990

5. FCI Number

593051487

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

Susan E. Jones

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

4805 Tea Rose Court

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

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

A E Q

Date Oct. 20, 2006

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/D	Merrell Williams	11711 Gail Ct	Temple Terrace, FL 33617
T/D	Ralph Alderman	631 Fairwood Ave #294	Clearwater, FL 33759
S/D	Clifford Sharpe	19330 Aqua Springs Dr.	Lutz, FL 33558

700081492817
11/03/06--01018--004 **\$73.75

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 contained in Chapter 119, 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:

Clifford Sharpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/06

Daytime Phone #