PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 12 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

DOCUMENT # N94D00000100

1. Corporation Name

LUCY O' CHARITY INC.

Principal Place of Business	Mailing Address
807 N. Walnut St. Paulding, Ohio 45879	807 N. Walnut St Paulding, Ohio 45879

95-97

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. 807 N. Walnut St.	Suite, Apt. #, etc. 807 N. Walnut St
City & State Paulding OH	City & State Paulding OH
Zip 45879 Country U.S.A	Zip 45879 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 1/7/94

5. FEI Number: 59-322 3993 ☐ 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)

500002085605--5
-02/12/97--01092--010
****358.75 ****358.75

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
C	Dr. Evarista Nnadi Founder & Incorporator	807 N. Walnut St Paulding, OH 45879	Paulding OH 45879
T	Dr. Pam Farmer	1210 S. 800 E	Salt Lake City, Utah 84105
S	Mrs Chinero Thomas, CPA.	30115 Merchants Ct.	Greatfalls, Va 22066
D	Dr. Angela Nwaneri	MBA, J.D 217 Scenic Dr.	W. Horseheads NY 14845
D	Dr. Eucharia Okolo	Ph.D, J.D 524 Alabama Ave #F,	Salisbury, MD 21801
D	Dr. Venessa Allen	1308 Old Cannon Rd	Fort. Washington, MD 20744

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Gladys Ezeala 3734 Rockbrook drive Tallahassee, FL 32311	Name: Gladys Ezeala Street Address (P.O. Box Number is Not Acceptable): 3734 Rockbrook drive Suite, Apt. #, Etc.: City: Tallahassee State: FL Zip Code: 32311

CR2E040 (12/96)

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: Gladys Ezeala
REGISTERED AGENT MUST SIGN

Date: 02/07/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.) Non-profit Organization Tax exempt status.

12. 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.

E. C. Nnadi, MD

SIGNATURE: EVARISTA C. NNADI, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/3/97

Daytime Phone #: (419)399-2123

Founder, CEO & Chairman.