

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 23 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N9500002243*

1. Corporation Name

*Rescue of Love Inc.*

2. Principal Office Address

*951 Copperidge Ct.*

Suite, Apt. #, etc.

3. Mailing Office Address

*Same as Above*

Suite, Apt. #, etc.

City & State

*ORANGE PARK FL.*

City & State

Zip

*32065*

Country

*USA.*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*5/10/95*

5. FEI Number

☒ 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

*CLAUDE MATTHEWS*

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

*951 Copperidge Ct.*

Suite, Apt. #, Etc.

City

*ORANGE PARK, FL.*

State

*FL*

Zip Code

*32065*

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]*

REGISTERED AGENT MUST SIGN

Date *10/23/06*

**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
<i>President</i> <i>CEO</i>	<i>CLAUDE MATTHEWS</i>	<i>951 Copperidge Ct.</i>	<i>ORANGE PARK, FL 32065</i>
<i>Vice</i> <i>President</i>	<i>Roderick Elzy</i>	<i>138 Holly Place</i>	<i>Canton, GA.</i>
<i>2nd</i> <i>Vice P</i>	<i>Patrick Hadley</i>	<i>4521 S.W. 44<sup>th</sup> LANE</i>	<i>DEALTA, FL. 34474</i>
<i>2nd</i> <i>Vice P</i>	<i>Keith Andes Woodard</i>	<i>11340 W. Olympic</i>	<i>Los Angeles CA 90064</i>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/23/06*

Date

Daytime Phone #



Reach Your Fullest Potential

To Whom it may concern:

I am writing to you to request that the penalty of reinstatement (\$175.00), be waived. Due to the fact that our company had moved to a new location we did not receive the 2000 forms from the state. Your understanding of this situation would be greatly appreciated. Thank you for your consideration,

Sincerely,

A handwritten signature in cursive script, appearing to read "C. L. Matthews", with a long horizontal flourish extending to the right.

C, L. Matthews  
Founder/CEO

951 Copperridge Ct.  
Orange Park, FL 32065  
(904) 631-5697