

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002243

1. Corporation Name

Rescue of Love Inc.

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

951 Copperridge CT.

Suite, Apt. #, etc.

City & State

Orange Park, Fl.

Zip

32065

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Claude L. Matthews

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

951 Copperridge 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

Claude L. Matthews
REGISTERED AGENT MUST SIGN

Date 12/30/2008

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
PCEG	Claude L. Matthews	951 Copperridge CT.	Orange Park, Fl. 32065
VP	Roderick Elzy	138 Holly Place	Canton, Ga.
VP	Keith Andes Woodard	11340 W Olympic, Ste 270	Los Angeles, Ca 90064
VP	Patrick Hadley	4521 SW 44th Lane	Ocala, Fl. 34474
		RH	

REINSTATEMENT

10. I certify that I am an officer or director of 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:

Claude L. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JAN 20 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400139407274
12/31/08--01078--007 **192.25
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 05/10/1995

5. FEI Number
31-1650688

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.