

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N96000005115**

1. Corporation Name

**LOVE MISSION OUTREACH INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

2087 W 76TH STREET  
UNIT 7  
HIALEAH FL 33016  
US

17907 NW 78 PL  
HIALEAH FL 33015  
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

17804 NW 84 CT  
Miami FL  
33015 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1996

5. FEI Number

31-1474915

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VELEZ, SAMUEL	17804 NW 84 CT	HIALEAH FL 33015
D	VELEZ, ANN CAROLYN	17907 NW 78 PL	HIALEAH FL 33015
D	VELEZ SUAREZ, AURA A	535 NW 123RD ST	HIALEAH FL 33123
D	RIVERA, CLAUDIA	535 N.W. 123RD STREET	MIAMI FL 33168
DT	RIVERA, MELVIN NOEL	8290 NW 171 ST	HOLLYWOOD FL 33015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VELEZ, ANN CAROLYN  
17804 NW 84 CT  
HIALEAH FL 33015

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Hialeah

FL

33015

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Ann Carolyn Velez*  
REGISTERED AGENT MUST SIGN

Date

10-10-2003

11. 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:

*Ann Carolyn Velez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-2003 305