

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98 AR FLORIDA DEPARTMENT OF STATE Sandrine M. Johnson Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 28 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # N97000001179 1. Corporation Name Universal Church of Divine Love, Inc.																																			
Principal Place of Business 450 NE 20th St., BOCA RATON, Fla. 33431		Mailing Address Suite 108																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																			
2. New Principal Office Address, if Applicable 450 NE 20th St. Suite, Apt. #, etc. Suite 108 City & State BOCA RATON Zip 33431 Country Fla		3. New Mailing Office Address, if Applicable 450 NE 20th St. Suite, Apt. #, etc. Suite 108 City & State BOCA RATON Zip 33431 Country Fla																																	
4. Date Incorporated or Qualified To Do Business in Florida Feb 28, 1997		5. FEI Number 65-0731983 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) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1</th> <th style="width: 30%;">2</th> <th style="width: 30%;">3</th> <th style="width: 30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/D</td> <td>Anahitta Jafari</td> <td>22307 TIMBERLEY DR, BOCA RATON 33428, FL</td> <td>Boca Raton 33428 Fla.</td> </tr> <tr> <td>V/D</td> <td>HANS Kullervo Lontta</td> <td>1362 SW 2nd Ave Suite #2</td> <td>Miami 33145 Fla.</td> </tr> <tr> <td>Sec./ Treas/D</td> <td>Dorsey Ridgely</td> <td>8701 SW 14th St. Suite K3</td> <td>Miami 33176 Fla.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres/D	Anahitta Jafari	22307 TIMBERLEY DR, BOCA RATON 33428, FL	Boca Raton 33428 Fla.	V/D	HANS Kullervo Lontta	1362 SW 2 nd Ave Suite #2	Miami 33145 Fla.	Sec./ Treas/D	Dorsey Ridgely	8701 SW 14 th St. Suite K3	Miami 33176 Fla.												
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8. Name and Address of Current Registered Agent Amerilawyer 343 ALMERIA AVE CORAL GABLES, FL 33134		9. Name and Address of New Registered Agent Name ANA HITTA JAFARI Street Address (P.O. Box Number is Not Acceptable) 450 NE 20th St., Unit 108 Suite, Apt. #, Etc. Suite 108 City BOCA RATON State FL Zip Code 33431																																	
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 [Signature] Date 12-4-98 REGISTERED AGENT MUST SIGN																																			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)																																			
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)(l), 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 ANAHITTA JAFARI, PRESIDENT		Date 12-4-98 Daytime Phone # 361-470-8087																																	

CR2E040 (1/98)

Dec. 2, 1998.

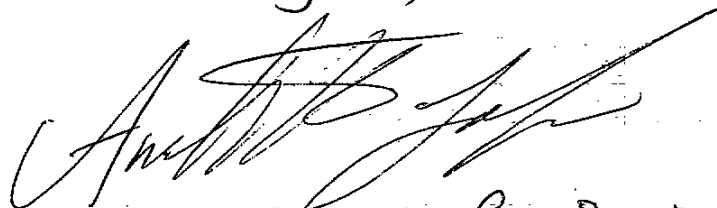
(2)

Dear State Representative,

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Please accept our application for re-instatement of our Church, the Universal Church of Divine Love, Inc., and our funds of \$61.25 for this purpose. I called your office and explained that we had not received a yearly report form in the mail, and did not know this was to be done at the beginning of the year. Perhaps the forms, if you mailed them, were lost in the mail, but we did not receive them. This will not happen again, as we now know of our responsibility to get the forms and mail them. I hope you are accepting this application as your representative on the phone said you would, as we have little funds. \$8.75 extra is enclosed for a certificate.

Thank you,



ANAHITTA JAFARI, PRESIDENT
Universal Church of Divine Love, Inc.