

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000574

1. Corporation Name

FAITH LOVE OUTREACH MINISTRY INC.

Principal Place of Business

Mailing Address

2691 TINA LANE  
MIDDLEBURG FL 32068

P O BOX 375  
DOCTORS INLET FL 32030

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1998

5. FEI Number

59-3306324

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/O	KENNETH C. WALKER	2691 TINA LANE	MIDDLEBURG FL 32068
V/P/O	JOSHIE MAC WALKER	2691 TINA LANE	MIDDLEBURG FL 32068
D	MAURICE LESESNE	1800 KINGSLEY AVE	ORANGE PARK FL 32073
D	VICTORIA LESESNE	1800 KINGSLEY AVE	ORANGE PARK FL 32073
D	DRAKICK RENTRO SR	7971 118th ST	JACKSONVILLE, FL 32244
D	JAMES RENTRO	7971 118th ST	JACKSONVILLE, FL 32244

8. Name and Address of Current Registered Agent

WALKER, KENNETH  
2691 TINA LANE  
MIDDLEBURG FL 32068

9. Name and Address of New Registered Agent

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent, hereby agree to accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 20NOV99

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:

KENNETH C. WALKER 20NOV99 904 272-4954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04/28/99 90064 URS 6/28