

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 FEB 12 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000713

1. Corporation Name

Community Outreach Center of Lane International Inc.

2. Principal Office Address

677 N. Hernando Street

Suite, Apt. #, etc.

3. Mailing Office Address

1593 Wilson Street

Suite, Apt. #, etc.

City & State

Lake city FL

Zip

32055

Country

America

City & State

Lake city FL

Zip

32055

Country

America

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/98

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

Gwendolyn A. Henry

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

1593 W. Wilson Street

Suite, Apt. #, Etc.

300003746313-7

-02/21/01--01117-008

****183.75 ****183.75

City

Lake city

State
FL

Zip Code

32055

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

Gwendolyn A. Henry

REGISTERED AGENT MUST SIGN

Date 2-12-01

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
Pastor	Gwendolyn Henry	1593 W. Wilson Street	Lake city FL 32055
Deacon	Willie Mae Allen	1460 Dyson Street	Lake city FL 32055
Deacon	Amie L. Henry	608 Moultrie 2d Apt A-7	Albany GA
D	Eddie L. Allen	1160 Long Street	Lake city FL 32055

KE

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 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:

Gwendolyn A. Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

904 755 9451

Daytime Phone #

CR2E081 (9/00)

2-12-07
20FZ

To whom it may concern,

I ask to have my Charter Renewed
due to I had no knowledge that the
mail was return by the post office
I ask that the date I am he waived
due to my lack of knowledge of the time
that was needed.

Sincerely
Steven J. Henry
Founder of Community Out Reach
Center of Love and Life