

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 9:45

DOCUMENT # N98000004651

1. Corporation Name

His Arm Extended Community Outreach Center, Inc.

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

501 NW 27th. Avenue

3. Mailing Office Address

5045 Wiles Road

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

Bldg. 10 Unit 105

City & State

Pompano Beach, Florida

City & State

Coconut Creek, Florida

Zip

33069

Country

USA

Zip

33073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-10-98

5. FEI Number
311620181

☒ 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

Lonnie B. Johnson Jr.

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

5045 Wiles Road

Suite, Apt. #, Etc.

Bldg. 10 Unit 105 Unit 105

City

Coconut Creek, Florida

State

FL

Zip Code

33073

☐ 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.

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

Lonnie B. Johnson Jr.
REGISTERED AGENT MUST SIGN

Date 4/2/2009

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
P/D	Lonnie B. Johnson Jr.	5045 Wiles Road Bldg. 10 Unit 105	Coconut Creek, Florida 33073
V/D	Susie A. Johnson	5045 Wiles Road Bldg. 10 Unit 105	Coconut Creek, Florida 33073
S/D	Kesha L. Porter	3083 N. Oakland Forest Dr. Apt. 204	Oakland Park, FL. 33319
T/D	Tawana R. Johnson	651 NW 18th Court	Pompano Beach, Florida 33060
B S 1/4/09 REINSTATEMENT 03-09			

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 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:

Lonnie B. Johnson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2009

Date

754-235-9227

Daytime Phone #