

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900009788539

01/02/03--01070--009 **70.00



DOCUMENT # N98000004651

1. Corporation Name

HIS ARMS EXTENDED COMMUNITY OUTREACH CENTER, INC

Principal Place of Business

7117 SPORTSMANS DR.
NORTH LAUDERDALE FL 33065

Mailing Address

PO BOX 938531
MARGATE FL 33093

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1620181

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	JOHNSON, LONNIE	651 NW 18TH COURT	POMPANO BEACH FL 33069
SD	JACKSON, BRIDGET	2660 N.W. 5TH STREET	POMPANO BEACH FL 33069
TD	PORTER, KESHA	7117 SPORTSMANS DR.	NORTH LAUDERDALE FL 33065
VD	JOHNSON, SUSAN	2660 N.W. 5TH STREET	POMPANO BEACH FL 33069
T	JOHNSON, MAMIE L	651 NW 18TH COURT	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

JOHNSON, LONNIE
651 N.W. 18TH COURT
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lonnie Johnson SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-30-02

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:

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

Date

Daytime Phone #

12-30-02 954-709-2923

CR20040 (8/02)

12-30-02

Dear Sir,

I'm writing to let you know that as the representative for this corporation I did not receive the two prior Uniform Business Report. Your attention to this matter is greatly appreciated.

Thank you,

Loring J. Ph