

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 26 PM 3:31

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 98000004864

1. Corporation Name

LEE'S SHELTER OF LOVE & CARE
OUTREACH CENTER W07000014909

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

4300 N.W. 19th ST

3. Mailing Office Address

P.O. BOX 292 (292)

Suite, Apt. #, etc.

I - 203

Suite, Apt. #, etc.

City & State

LAUDERHILL

City & State

FORT LAUDERDALE

Zip

33313

Country

BROWARD

Zip

33302

Country

BROWARD

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

OPEN

5. FEI Number

65-0856612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEANETTE WASHINGTON

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

4300 N.W. 19th ST

Suite, Apt. #, Etc.

I - 203

City

LAUDERHILL

State

FL

Zip Code

33313

☒ 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.

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05/24/07--01024--009 **245.00

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

Jeanette Washington
REGISTERED AGENT MUST SIGN

Date

3/20/2007

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
<u>VICE PRES.</u>	<u>LATOYA YOUNG</u>	<u>4300 N.W. 19th ST # I-203</u>	<u>Lauderhill, FL. 33313</u>
<u>SEC. - Ret.</u>	<u>KIERA HAWTHORN</u>	<u>4300 N.W. 19th ST # I-203</u>	<u>Lauderhill, FL. 33313</u>
<u>PRES</u>	<u>Jeanette Washington</u>	<u>4300 N.W. 19th ST # I-203</u>	<u>Lauderhill, FL. 33313</u>

\$7514

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:

Jeanette Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/2007

Daytime Phone #

(954)

825-9731