

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001  
APPLICATION  
FOR  
REINSTATEMENT  
DOCUMENT # N99000004909

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

1. Corporation Name  
LOVE MISSION OUTREACH INC.

Principal Place of Business Mailing Address  
2087 WEST 76 STREET 535 NW 123RD STREET  
HIALEAH FL 33016 N MIAMI FL 33168

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 08/09/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	VELEZ, AURA VICTORIA	535 NW 123 STREET	N MIAMI FL 33168
DT	RIVERIA, MELVIN	8290 NW 171 STREET	MIAMI FL 33015
D	GARCIA, HUMBERTO	390 WEST 54 STREET	HIALEAH FL
D	VELEZ, ANN CAROLYN	17907 NW 78 PLACE	HIALEAH FL 33015
D	VELEZ, SAMUEL	17907 NW 78 PLACE	HIALEAH FL 33015

8. Name and Address of Current Registered Agent

VELEZ, ANN CAROLYN  
17907 NW 78 PLACE  
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Accepted)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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.

500004743525--5

-12/28/01--01090--020

\*\*\*\*\*70.00 \*\*\*\*\*78.08

Date 10-5-2001

Signature of Registered Agent  
REGISTERED AGENT MUST SIGN

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: Ann C Velez 10-5-2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



LOVE MISSION OUTREACH INTL  
2087 WEST 78 STREET ~ MIAMI, FL 33016  
Phone 305-820-4051

2012

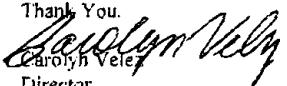
December 18, 2001

Division Of Corporations  
State of Florida  
Michelle Milligan

Attention: Michelle Milligan

Thank you for attending to my phone call. When filing for our annual report this year, our corporations Love Mission Outreach Inc. and Love Mission Outreach Intl Inc. were somehow confused. We sent off the payment for Love Mission Outreach International Inc and shortly after we sent off the payment for Love Mission Outreach Inc. however we received a letter from the Division Of Corporation stating that the annual report had been paid along with a returned check for \$70.00. I shortly after explaining what had happened this confusion has delayed our annual report to be filed this year and as per our phone conversation yesterday you told me to send a written explanation of what had happened. We apologize the confusion we have caused and for next year we will make this does not happen again.

Thank You.

  
Carolyn Velez  
Director