

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99 000005282

1. Corporation Name

Love Joy Pavilion Outreach Ministries, Inc.

REINSTATEMENT 01-03

000025542770
12/17/03--01004--005 **358.75

2. Principal Office Address

1046 Blackwood Street

3. Mailing Office Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32701

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593612597

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

Anita Ross

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

1046 Blackwood Street

Suite, Apt. #, Etc.

N/A

City

Altamonte Springs

State
FL

Zip Code
32701

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

Anita Ross

Date 12/5/03

REGISTERED AGENT MUST SIGN

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
Pres	James Ross	1046 Blackwood Street	Altamonte Springs, FL 32701
Sec	Margaret Adams	3709 Johnson Street	Orlando, FL 32805
Treas	Odessa Copeland	Azalea Street	Raeford, NC 28326

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:

James Ross / JAMES ROSS

12/5/03

Date

407 834 2472

Daytime Phone #

CR2E081 (10/02)

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