

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUL -1 PM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000112934**

**1. Corporation Name**

**Annetta Lovelock Enterprise Inc**

**2. Principal Office Address**

**6444 West Colonial Dr**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**1595 Glenhaven Cir**

Suite, Apt. #, etc.

**City & State**

**Orlando FL**

**Zip**

**32818**

**Country**

**Orange**

**City & State**

**Ocoee FL**

**Zip**

**34761**

**Country**

**Orange**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/4/00**

**5. FEI Number**

**593683926**

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**

**Annetta Lovelock**

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

**1595 Glenhaven Cir**

Suite, Apt. #, Etc.

**City**

**Ocoee**

**State**

**FL**

**Zip Code**

**34761**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **6-21-02**

**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
President	Annetta Lovelock	1595 Glenhaven Cir Ocoee	Ocoee FL 34761

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-21-02**

Date

**321 297 6460**

Daytime Phone #

CR2E081 (9/01)

June 25, 2002

To Whom It May Concern,

Due to the fact that I never received a reinstatement form, I am requesting a waiver of the \$600.00 penalty fee. Recently I spoke with personnel from your office and was informed to send \$150.00 for 2001 and \$150.00 for 2002 in regards to the renewal of the corporation license. My deepest apologies for any inconvenience this incident has caused you, however I had no knowledge of any reinstatement fee. Please feel free to contact me at (321) 297-6460 with any further questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Annetta Lovelock', written over a horizontal line.

Annetta Lovelock