

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000011250

1. Corporation Name

COVENANT LOVE COUNSELING SERVICES INC.

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

715 SW 148TH AVE

Suite, Apt. #, etc.

615

City & State

DAVIE, FL

Zip

33325

Country

US

3. Mailing Office Address

715 SW 148TH AVE

Suite, Apt. #, etc.

615

City & State

DAVIE, FL

Zip

33325

Country

US

7. Name and Address of Current Registered Agent

Name

CONSUELO ONOFRE

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

715 SW 148TH AVE

Suite, Apt. #, Etc.

615

City

DAVIE

State

FL

Zip Code

33325

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

Consuelo Onofre

REGISTERED AGENT MUST SIGN

Date 03/15/2010

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
PD	CONSUELO ONOFRE	715 SW 148TH AVE APT 615	DAVIE, FL 33325

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

Consuelo Onofre

CONSUELO ONOFRE - PRESIDENT 03/15/2010 786-201-1052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 APR -2 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900174298139
04/02/10--01032--018 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 01/24/2004

5. FEI Number
57-1200733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.