

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 19 PM 3:27

DOCUMENT # P97000067945

1. Corporation Name

Touch of Love Retirement, Inc.

2. Principal Office Address

10132 NW 23rd Street

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

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

08/04/97

5. FEI Number

65-0782603

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

200004706232-6

Name

Bobsilyn Greaves

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

10132 NW 23rd Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Bobsilyn Greaves
 REGISTERED AGENT MUST SIGN

Date 10/25/01

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
P	Bobsilyn Greaves	10132 NW 23rd Street	Coral Springs, FL 33065
VP	Robert McKenzie	10132 NW 23rd Street	Coral Springs, FL 33065
S	Koren McKenzie-John	10132 NW 23rd Street	Coral Springs, FL 33065
T	Delores Duncan	10132 NW 23rd Street	Coral Springs, FL 33065

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: *Bobsilyn Greaves*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01

Date

(954) 791-1701

Daytime Phone #