

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 OCT 29 PH 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000099236

**1. Corporation Name**

Touch of Love Retirement II, Inc.

**2. Principal Office Address**

10132 NW 23rd Street

Suite, Apt. #, etc.

**City & State**

Coral Springs

**Zip**

FL

**Country**

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

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

11/19/97

**5. FEI Number**

65-0795890

**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**

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 817.0503, 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	5312 NW 67th Avenue	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 817.0401, 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**  
Bobsilyn Greaves

**Date** 10/25/01 **Daytime Phone #** (954) 791-1701