A MUSGROVE CIRCLE HILTON HEAD SC 25505  A MUSCROVE CIRCLE HILTON HEAD SC EIGE HILTON H		PLEASE REA	DALL INS	TRUCTIONS	BEFORE	OMPLET	ING THIS FORM.	•	
A coporation Name COPO CHARITIES, INC.		FOR		J m Smith	BL-		FILED SECRETARY OF STATE ISION OF CORPORATION	יد	
CORD CHARTIES, INC.         Impose Parce of Busines       Maling Address         Muscan Parce of Busines       A Muscan Address of Address, IT Applicable         It above addresses are incontent in any way. Ineg Mouch Incornet Information and entire correction betw.       A Muscan Address of Address, IT Applicable         It above addresses are incontent in any way. Ineg Mouch Incornet Information and entire correction betw.       A Muscan Addresses of Cach Officer and/or Director (Plock Address, IT Applicable)         It above addresses of Cach Officer and/or Director (Plock Address of Each Officer and/or Director)       Country         It also and Address of Cach Officer and/or Director)       Country         It also and Address of Cach Officer and/or Director)       Country         It also and Address of Currenti Registered Agent       Street Address of Fach         It also and Address of Currenti Registered Agent       Street Address of Address of Address of Address of New Registered Agent         It also and Address of Currenti Registered Agent       Street Address of Fach       City of Director of Currenti Registered Agent         It and the Director       3       Officer and/or Director of Curenti Registered Agent </td <td>-</td> <td></td> <td>000386</td> <td>04</td> <td></td> <td>D</td> <td>2 Dec 30 PM 4: 43</td> <td></td>	-		000386	04		D	2 Dec 30 PM 4: 43		
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If above addresses are incorrect in any way, fine through incorrect information and entire correction below.       3/14/102 90398 0.20 150.         If we minipped Office Address. If Applicable       5. New Malling Office Address. If Applicable       4. Depted Formation (Addresses)	Principal Place of Business Mailing Address						ta tatia (dist dasti adili datu dasad tild	1911 - Pill Dèll Ven 1914	
It above addresses are incorrect in proven incorrect information and enter correction below. UP Information address of Qualified in Qua									
Suite, Apl # otc.       Suite-Apl # otc.       Suite-Apl # otc.       Applied Forma       Applied Forma         Suite, Apl # otc.       Suite-Apl # otc.       Suite-Apl # otc.       Applied Forma       Applied Forma         Suite, Apl # otc.       Suite-Apl # otc.       Suite-Apl # otc.       Suite-Aplied Forma       Applied Forma         Suite, Apl # otc.       Suite-Aplied Forma       Suite-Aplied Forma       Suite-Aplied Forma       Applied Forma         Suite       Country       Zp       Country       C								020 150.L	
Sign							4. Late incorporated or Qualified To Do Business in Florida 04/28/1999		
Name       Address of Each Officer and/or Director       Clip / Status       Name and Address of Status         Read       SweEnery, TiMOTHY       40 + 600 + 600 + 800									
Armes and Street Addresse of Each Officer and/or Director (Florida nonprofit corporations must list at lead 3 directors)         Names and Street Addresse of Each Officer and/or Director (Florida nonprofit corporations must list at lead 3 directors)         Title(s)       2         2       Name of Officers         3       Street Address of Each         D       SWEENEY, TIMOTHY       401-50X FIBOC FANEET ST. 778327         Le WISELD PA 17835       Le WISELD PA 17835         2       SWEENEY, TIMOTHY       401-50X FIBOC FANEET ST. 778327         Le WISELD PA 17835       Le WISELD PA 17835         2       SWEENEY, TIMOTHY       401-50X FIBOC FANEET ST. 778327         Le WISELD PA 17835       Le WISELD PA 17835         3       Street Address of New Registered Agent         NAM       Street Address of New Registered Agent         NRAI SERVICES, INC.       Street Address (P.O. Box Nimber is Not Acceptable)         Street Address (P.O. Box Nimber is Not Acceptable)       Street Address of Section 607.0505, F.S. or 617.0605, F.S.         0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0605, F.S.         Signature of of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0605, F.S. the information midstable of the above namee of Indindia in anonomeable the application as provided for in	Zip								
Title(s)       2       Name at Officer and/or Directors       3       Officer and/or Director       4       City / State / Zip         D       SWEENEY, TIMOTHY			`			<u>l · </u>			
D       SWEENEY, TIMOTHY       Interfect Annee Table Extrements         0       SWEENEY, TIMOTHY       Interfect Annee Table Extrements         1       SWEENEY, TIMOTHY       Interfect Annee Table Extrements         0       SWEENEY, TIMOTHY       Interfect Annee Table Extrements         1       SWEENEY, TIMOTHY       Interfect Annee         1       Lew IS BLUK & PA 17835       Lew IS BLUK & PA 17835         1       Lew IS BLUK & PA 17835       Lew IS BLUK & PA 17835         1       Lew IS BLUK & PA 17835       Lew IS BLUK & PA 17835         1       Lew IS BLUK & PA 17835       Lew IS BLUK & PA 17837         1       Lew IS BLUK & PA 17837       Interfect Address of New Registered Agent         Name       Name       Name       Street Address of New Registered Agent         NRAI SERVICES, INC.       Street Address (P.O. Box Number is Not Acceptable)       Sulls, Apt. # Etc.         City       State       Zp Code         0. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the abligations of Section 607.0505, F.S. or 617.0505, F.S.         1. Loetify that I am an officer or threacoury or trustee empowerd to execute this application as provided for in chapter 607 or 617, C03, F.S. It all flees or weed by the corporation have bean eliminated, the corporate name satisfies the recorpretenanase addredingen indicated or 119.07(30), F.S. The infor		Name of Officers	· · · · · · · · · · · · · · · · · · ·	St	reet Address of Each		City / City		
2023 W. MARKET S.T. 17837       LEWISBURG PA 17837         1. LeWISBURG PA 17837       LEWISBURG PA 17837         2023 W. MARKET S.T. 17837       LEWISBURG PA 17837         2024 M. M. 189       Street Address of New Registered Agent         NRAI SERVICES, INC.       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Suite         Street Address (P.O. Box Number is Not Acceptable)       Suite         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Acceptable)         Suite       Street Address (P.O. Box Number is Not Accept	<u> </u>	2							
8. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent         NRAI SERVICES, INC.       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         0. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.         1. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.         1. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.         1. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.         1. 1, 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 aliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all less or where and accurate, and my signature shall have the same legal effect as if made under cath.         STRON-5777       33.876         SIGNATURE:       Street Address Date: Street Address Date: Street Address Date: Street Address	<u>и</u> ,	SWEENEY, IIMUTHT		2035 W. MARKET ST			LEWISBURG	PA 17837	
NRAI SERVICES, INC.         526 E. PARK AVE.         TALLAHASSEE FL 32301         Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.         City       State         Signature of legistered Agent         Egistered Agent       Acceptable         Date       12/5 (02         Hegistered Agent       Date         1 - 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, have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S. that all fees ower on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.         SIGNATURE:       STOP - 5777 33386									
NRAI SERVICES, INC.         526 E. PARK AVE.         TALLAHASSEE FL 32301         Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.         City       State         Signature of legistered Agent         Egistered Agent       Acceptable         Date       12/5 (02         Hegistered Agent       Date         1 - 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, have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S. that all fees ower on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.         SIGNATURE:       STOP - 5777 33386									
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526 E. PARK AVE.       Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.       Suite, Apt. #, Etc.         City       State       Zip Code         PL       State       Zip Code         Signature of legistered Agent       Acceptable       REGISTERED AGENT MUST SIGN         1. 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 relinstatement application, 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.       5700-5777         SIGNATURE:       City Address (P.O. Box Number is Not Acceptable)		8. Name and Address of Curr	ent Registered Ag	ent	Name	9. Name and A	Address of New Registered Ag		
TALLAHASSEE FL 32301       Suite, Apt. #, Etc.         City       State       Zip Code         0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.       Signature of individual agent         Signature of individual agent       Accept Agent       Date       12/5/02         1. 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.       570-5777         SIGNATURE:       Mathematication and my signature shall have the same legal effect as if made under oath.       12/24/02	NRAI SERVICES, INC.						P.O. Box Number is Not Acceptable)		
FL         0. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.         Bignature of isgistered Agent       Image:						Suite, Apt. #, Etc.			
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Signature of the gistered Agent       ACSEM ALLER EQUASSED       Date       12/5/02         1. 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.       5700-5777         Signature:       Main MARE MERIANE       12/22/02       33.86	10   heine -	appointed the registered agent of the	shove named corr	oration am familia	ith and accept the st	hightions of Cost			
HEGISTERED AGENT MUST SIGN         1. 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:	ការ , មេខាទ្រខ	арранная піс тадізгагар яделігої (ре	алоте патед согр	orauon, am idmiliar W	naranu accept ine ol	agaions of Secti	on 907.0002, n.e. of 017.0003,	1.0.	
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SIGNATURE: Shindthip E (12/24/02 3386	this reinst owed by t	tatement application, the reason for o the corporation have been paid and	eceiver or trustee en dissolution has been the names of individ	mpowered to execute eliminated, the corport duals listed on this for	orate name satisfies im do not quality for a	the requirements an exemption unc	of section 607.0401 or 617.040	1, F.S., that all fees	
		Rainett		THE SAME ROLATED		12/	24/02 5	70-577 3386	
	SIGNAT		DENTED NAME OF	SIGNING OFFICER OR	DIRECTOR		1100		



December 2, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Lord Charities, Inc. FEI Number 58-2464809 Request for Waiver of Reinstatement Fee

Dear Sir or Madam:

The above-noted taxpayer filed an original 2002 Uniform Business Report with full payment on February 11, 2002. This report was received in a timely manner by the Division of Corporations, and the check was deposited and cleared the bank. Copies of this original return and the cancelled check are attached.

Apparently, the corporate officer signed on line 8 instead of on line 13, and this caused the Division of Corporations to send the form back to the corporation, with instructions to re-sign it on the correct line. The corporation officer never received this correspondence from the Division of Corporations, and therefore never returned the form, and, moreover, never became aware that there was a problem until the Application for Reinstatement was received.

Since the return was timely filed with full payment, albeit with a minor clerical error, I respectfully request that the \$600 Reinstatement Fee be waived. The corporation does not operate a trade or business; its only purpose is to be used as a vehicle by which the shareholder can make charitable contributions and payments to needy organizations and individuals. If the corporation is required to pay the Reinstatement Fee, it will reduce the funds that are available for these charitable purposes.

A completed and signed Application for Reinstatement is enclosed.

Please call me if you have any questions concerning this matter.

Very truly yours,

illiam R. Deiss

William R. Deiss Certified Public Accountant

WRD:wrd