

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED

01 FEB 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1798000003274

1. Corporation Name
PERFECT LOVE OUTREACH Program

Inc.

2. Principal Office Address
4102 BROADWAY

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 11565

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State
RIVIERA BEACH FL

Zip
33407

Country
USA

Zip
33419

Country
USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida
6/4/98

5. FEI Number 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 DOROTHY BOOTHER WATERS 200003802672-8

Street Address (P.O. Box Number is Not Acceptable)
745 WEST 6TH APT #1 03/06/01 01073 920
****358.75 ****358.75

Suite, Apt. #, Etc.

City RIVIERA BEACH State FL Zip Code 33404

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 Dorothy Waters Date 02/03/01
REGISTERED AGENT MUST SIGN

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
SEC.	JANET BRYANT T	351 WEST 18TH ST	RIVIERA Bch, FL 33404
TRES.	HELEN CANOE D	111 AVE O	WEST PALM Bch, FL 33407
Pres.	Dorothy Waters D	745 W 6th Apt 1	Riviera Beach, FL 33404
Pastor	Sebina Thomas T	621 W 7th St. Apt B	Riviera Beach, FL 33404
Administ Assistant	Andria Hauser T	1607 Quail Dr. Apt. 209	Riviera Beach, FL 33404

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: Dorothy Waters 02/03/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)