

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000861

1. Entity Name
SEED OF LOVE FOUNDATION, INC.



FILED

09 JAN -5 PM 3:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 08
12/01/08 REINSTATE CR2E099 (1/07)

Principal Place of Business
**12397 TANGERINE BLVD
WEST PALM BEACH, FL 33412**

Mailing Address
**12397 TANGERINE BLVD
WEST PALM BEACH, FL 33412**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0597209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEMPLÉ, MARY M
12397 TANGERINE BLVD
WEST PALM BEACH, FL 33412

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	SEMPLÉ, MARY M
STREET ADDRESS	12397 TANGERINE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	VPSD <input type="checkbox"/> Delete
NAME	LENO, CHRISTINA
STREET ADDRESS	13850 NE 14TH AVE
CITY-ST-ZIP	CITRA, FL 33713
TITLE	D <input type="checkbox"/> Delete
NAME	ARIAS, RUBEN E
STREET ADDRESS	12397 TANGERINE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<i>M/S</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	300139483253
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	01/05/09-01051-021 **\$1.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary M Semple* **PTD** *12/28/08* *361-795-7109*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #