

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008311

**FILED**  
**Jun 25, 2008**  
**Secretary of State**

**Entity Name:** LABOR OF LOVE ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

4427 HILL DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

4427 HILL DRIVE  
VALRICO, FL 33596

**Current Mailing Address:**

4427 HILL DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

4427 HILL DRIVE  
VALRICO, FL 33596

FEI Number: 20-5335017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSTON, AMY S  
4427 HILL DRIVE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

JOHNSTON, AMY S  
4427 HILL DRIVE  
VALRICO, FL 33596 US

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.

SIGNATURE: AMY S. JOHNSTON

06/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: JOHNSTON, AMY S  
Address: 4427 HILL DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ED (X) Change ( ) Addition  
Name: JOHNSTON, AMY S  
Address: 4427 HILL DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: MD ( ) Change (X) Addition  
Name: VAN LEW, LISA K  
Address: 1411 EAST JEAN STREET  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA K. VAN LEW

MD

06/25/2008

Electronic Signature of Signing Officer or Director

Date