

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -8 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000302

1. Corporation Name

LOVING SPACE, INC.

Principal Place of Business

1557 W. SILVER BEACH ROAD
RIVIERA BEACH FL 33404

Mailing Address

P.O. BOX 10862
RIVIERA BEACH FL 33419-0862
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0553323

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAVIS, BETTY	1557 W. SILVER BEACH ROAD	RIVIERA BEACH FL 33404
CD	BURKE, MYRTIS	618 CLEAR LAKE AVENUE	WEST PALM BEACH FL 33401
SD	QUIENCE, LISA	1400 W 6TH STREET	RIVIERA BEACH FL
TD	SWEETING, LUCILLE	1549 SILVER BEACH ROAD	RIVIERA BEACH FL 33404
D	RICHARSON, VERNELL	1549 W. 33RD STREET	RIVIERA BEACH FL 33404
D	FLINT, KIMBERLY	1548 W. 33RD STREET	RIVIERA BEACH FL 33404

8. Name and Address of Current Registered Agent

DAVIS, BETTY
1557 W. SILVER BEACH ROAD
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

308003554489-0

01/18/01-01102-008

****245.00 State ****245.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Betty Davis
REGISTERED AGENT MUST SIGN

Date 12/3/00

11. 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:

Betty Davis 12/3/00 561-8410997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #