

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000002497**

1. Corporation Name

LOVE SECURITY SERVICES, INC.

Principal Place of Business

157 E. MAIN ST. SUITE 307
ROCK HILL SC 29730

Mailing Address

PO BOX 611
ROCK HILL SC 29731

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/2001

5. FEI Number

62-1829864

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LOVE, DANNY R	1041 HOLLY RD.	ROCK HILL SC 29730
ST	LOVE, NANCY	883 PINEBRANCH RD.	ROCK HILL SC 29730

400008760094
11/01/02--01073--010 **150.00

8. Name and Address of Current Registered Agent

PAGE, DON
7340 PINE FOREST DR.
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-28-02**

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY R. LOVE **10-30-02** **803-980-8570**

Date

Daytime Phone #

CR2E040 (8/02)

Love Security Services Inc.

Danny R. Love

*PO Box 611
Rock Hill, SC 29731
PH. 803-980-8570
Fax 803-980-8573*

T. Flonzo Love

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

Dear Sir,

LOVE SECURITY SERVICES INC. is attempting to get a reinstatement. We are inclosing all forms and fees. To our knowledge we did not receive a UBR notice. Thanks for your understanding and please consider us for reinstatement.

Thank You,

Danny R. Love
10-30-02

Danny R. Love
President