PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE 01 DEC 24 AM 10: 41

C	DRP	ORA	TION	
RE	INST	ATE	MEN	1



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

H72968 **DOCUMENT #**

1. Corporation Name

LOVE GREETING C	PARAS INC.			
2. Principal Office Address	3. Mailing Office Address	- 		•
4180 NW 10 AVE	4180 NW 10 AVERE	ISTATEM	ENT B 2) I
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or	and a first and respect to purpose one of	1.0410
City & State FT. LAUDERDALE FL	City & State FT. LAVOERDALE FL	To Do Business in Fig. 5. FEI Number 59 - 2575	B - Z / - 8 S	
Zip Country 33309	33309 Country	6. CERTIFICATE OF STATU	\$8.75	quired
A DESCRIPTION OF THE PROPERTY	7. Name and Address of Current Register			
Name JOSEPH Street Address (P.O. Box Number is No	BRAUNSTEIN		04765382- 1/10/0201074004 ***750.00 ****750.00	r"
2901	OCEAN BEACH B			_)
Suite, Apt. #, Etc. Ap+ #	703			
City HIGHLAND	BEACH	State FL	Zip Code 33487	
8. I, being appointed the registered agent of the above	re named corporation, am familiar with and accept the ot	oligations of section 607.050	5 or 617.0503, F.S.	
Signature of Registered Agent RE	Geanstein Gestered agent must sign	Date	12/20/01	
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at lea	ast 3 directors)	The second second second area conservation and conservation of the second secon	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD BARKER GREGOR	24 1650 N.E. 115 ST	M	AMI FL	
VD BRAUNSTEIN, JOS	EPH 2901 S. OCEAN BL	1	HLAND BEACH FL	
VD BRAUNSTEIN, DAN	110 10 DEANNA CT	Dix	HILLS, NY 11746	6
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR