1 of 2

H03000183160

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -1 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46329

1. Corporation Name
LOVERN, INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
110 SE 6TH STREET	110 SE 6TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	20TH FLOOR
City & State	City & State
FORT LAUDERDALE, FL	FORT LAUDERDALE, FL
Zip / Country	Zip / Country
33301 / USA	33301 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/10/1986

5. FEI Number: 65-0000148 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JUDITH BERNERO

Street Address (P.O. Box Number is Not Acceptable): 110 SE 6TH STREET

Suite, Apt. #, Etc.: 20TH FLOOR

City: FORT LAUDERDALE | State: FL | Zip Code: 33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Judith Bernero — Date: 5/1/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MICHAEL E. MAROONE	110 SE 6TH STREET	FORT LAUDERDALE, FL 33301
VSD	JONATHAN P. FERRANDO	110 SE 6TH STREET	FORT LAUDERDALE, FL 33301
T	MARC L. BOURHIS	110 SE 6TH STREET	FORT LAUDERDALE, FL 33301

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 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: _____ 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H03000183160

MB

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

LOVERN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00