

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L02000004313

Name and Mailing Address

0014543 01 AT 0.292 **AUTO T3 1 0615 34109-332048



LOVE & LOVE ENTERPRISES, LLC
1948 TIMARRON WAY
NAPLES FL 34109-3320



CR2E084 (7/03)

2. New Mailing Address 3757 Fountainhead Court		4. State/Country of Formation FL	
City, State, Zip Naples FL 34103		5. Date Organized or Qualified To Do Business in Florida 02/18/2002	
Principal Place of Business 1948 TIMARRON WAY NAPLES FL 34109	3. New Principal Place of Business Address 3757 Fountainhead Court City, State, Zip Naples, FL 34103	6. FEI Number 20-0144125	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WOOD, DOUGLAS A ESQ C/O SIESKY, PILON & WOOD 1000 TAMiami TRAIL NORTH, SUITE 201 NAPLES FL 34102		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800024568718 11/10/03--01086--010 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **[Signature]** **SIGNATURE REQUIRED** Date **11/1/03**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAMON TODD LOVE	1948 TIMARRON WAY 3757 Fountainhead Ct	NAPLES FL 34109 34103
MGRM	ANDREA NICHOLS LOVE	1948 TIMARRON WAY 3757 Fountainhead Ct	NAPLES FL 34109 34103

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **[Signature]** **SIGNATURE REQUIRED** Date **11/1/03** Daytime Phone # **239-649-5349**

Typed or printed name of signing Managing Member/Manager **ANDREA LOVE**