

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 28 PM 1:51

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # M98333
 1. Corporation Name
LOVE INSURANCE AGENCY INCORPORATED

Principal Place of Business	Mailing Address
% EDWARD J. LANTOS 2987 62ND AVENUE SOUTH ST. PETERSBURG FL 33712	% EDWARD J. LANTOS 2987 62ND AVENUE SOUTH ST. PETERSBURG FL 33712

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.
City & State	City & State
Zip Country	Zip Country

REINSTATEMENT *00*

4. Date Incorporated or Qualified To Do Business in Florida	09/07/1988
5. FEI Number	65-0073030
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LOVE, ERNEST R.	8440 56TH WAY NORTH	PINELLAS PARK FL
D	LOVE, FRANCES D.	8449 56TH WAY NORTH	PINELLAS PARK FL
D	NIEHAUS, MARGARET L.	6931 MELROSE LN	TOLEDO OH
D	LANTOS, EDWARD J.	2987 62ND AVENUE SOUTH	ST. PETERSBURG FL
D	LOVE, ERNEST H.	5118 TALMADGE RD.	TOLEDO OH

580003523755-6
 -01/04/01--01095--008
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LANTOS, EDWARD J.
 2987 62ND AVENUE SOUTH
 ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 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 *[Signature]* **SIGNATURE REQUIRED** Date 10/24/2000
 REGISTERED AGENT MUST SIGN

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** **ERNEST R. LOVE** Date 12/14/00 Daytime Phone # 727-541-7590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E040 (8/00)