# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000010723

1. Entity Name
LOVE PRIMITIVE ORGANIZATION INC.

FILED
05 APR 25 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1617 WEST HOLDEN AVENUE<br>ORLANDO, FL 32839 | P. O. BOX 590192<br>ORLANDO, FL 32839 |

01202005 REIN-NP CR2E099 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 56-242 1594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DULYSSE, JONATHAS G<br>1617 WEST HOLDEN AVENUE<br>ORLANDO, FL 32839 | Name<br>Street Address (P 300052044553 04/26/05--01002--008 **297.50<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jonathas G. Dulysse President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 01/03/05

**FILE NOW!!! FEE IS $297.50**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>ETIENNE, JEAN D<br>918 ORWALL AVENUE<br>ORLANDO, FL 32809 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>ALETA ELSTON<br>4444 S. RIO GRANDE<br>ORLANDO, FL 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BAUTISTA, JOCELYNE<br>3138 C R SMITH STREET<br>ORLANDO, FL 32805 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RENEL MONPREMIER<br>4155 INGLENNOOK LN<br>ORLANDO, FL 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SWEET, SARAH<br>2300 SOUTH OAK AVENUE<br>SANFORD, FL 32771 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>EDITH LEGER<br>1625 WEST HOLDEN AVENUE # C<br>ORLANDO, FL 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ETIENNE, KENIA<br>6667 BLANTON COURT<br>ORLANDO, FL 32809 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ALEX ST VIL<br>6660 BRICKEL CT<br>ORLANDO, FL 32809 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>GARLAND, KEVIN<br>627 TOWN SQUARES WAY II<br>ORLANDO, FL 32818 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>ORANGE ADENS<br>4608 TOWER PINE DR.<br>ORLANDO, FL 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>JOSEPH, ILDA<br>4444 SOUTH RIO GRANDE AVENUE # 502 B<br>ORLANDO, FL 32839 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>GLADYS ST VIL<br>6660 BRICKEL CT<br>ORLANDO, FL 32809 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GLADYS. SAINT-VIL 3/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #