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 ORLANDO, FL 32839	P. O. BOX 590192 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 1617 WEST HOLDEN AVENUE ORLANDO, FL 32839	Name Street Address (P City FL Zip Code

300052044553
04/26/05--01002--008 **297.50

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

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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 #