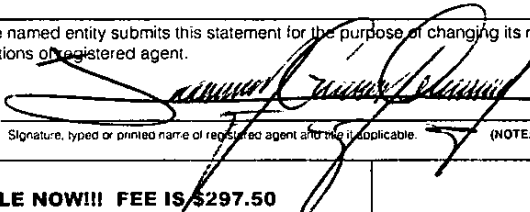
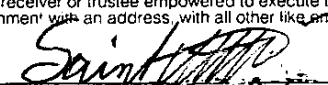


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 1617 WEST HOLDEN AVENUE ORLANDO, FL 32839				Mailing Address P. O. BOX 590192 ORLANDO, FL 32839			
2. Principal Place of Business		3. Mailing Address		 01202005 REIN-NP CR2E099 (6/04)			
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 300052044553 Street Address (P) 04/26/05--01002--008 **297.50 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 				(NOTE: Registered Agent signature required when reinstating)			
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 ETIENNE, JEAN D 918 ORWALL AVENUE ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALETA ELSTON 4444 S. RIO GRANDE ORLANDO, FL 32839	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUTISTA, JOCELYNE 3138 C R SMITH STREET ORLANDO, FL 32805	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENEL MONPREMIER 4155 INGLENNOOK LN ORLANDO, FL 32839	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEET, SARAH 2300 SOUTH OAK AVENUE SANFORD, FL 32771	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDITH LEGER 1625 WEST HOLDEN AVENUE ORLANDO, FL 32839	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ETIENNE, KENIA 6667 BLANTON COURT ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALEX ST VIL 6660 BRICKEL CT ORLANDO, FL 32809	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARLAND, KEVIN 627 TOWN SQUARES WAY II ORLANDO, FL 32818	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORANGE ADENS 4608 TOWER PINE DR. ORLANDO, FL 32839	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOSEPH, ILDA 4444 SOUTH RIO GRANDE AVENUE # 502 B ORLANDO, FL 32839	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GLADYS ST VIL 6660 BRICKEL CT 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date 3/20/04 Daytime Phone #							