2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2008
Secretary of State

DOCUMENT# N04000001052

Entity Name: GENUINE LOVE, INC.

Current Principal Place of Business:

4859 NW 183RD ST
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 174086
MIAMI, FL 33017

New Mailing Address:

FEI Number: 65-1020633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, CHARLES
4399 NW 64TH AVE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHARLES THOMPSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CH	(X) Delete
Name:	LOCKETT, ROBERT L	
Address:	8230 NW 12 CT	
City-St-Zip:	MIAMI, FL 33147	
Title:	S	( ) Delete
Name:	FREDRICK, MARIE	
Address:	18130 NW 19M AVE	
City-St-Zip:	MIAMI GARDENS, FL 33O56	
Title:	VD	( ) Delete
Name:	THOMPSON, FRANCENIA	
Address:	4399 NW 64TH AVE	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	PD	( ) Delete
Name:	THOMPSON, CHARLES	
Address:	4399 NW 64TH AVE	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	M	(X) Delete
Name:	MELTON, ANDRIA	
Address:	3840 NW 170 STREET	
City-St-Zip:	MIAMI GARDENS, FL 33055	
Title:	T	(X) Delete
Name:	SHY, LOGAN	
Address:	12835 NORTHWEST 23RD STREET	
City-St-Zip:	PEMBROKE PINES, FL 33028	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. THOMPSON PD 10/03/2008
Electronic Signature of Signing Officer or Director — Date