2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001052

Entity Name: GENUINE LOVE, INC.

FILED Oct 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4859 NW 183RD ST OPA LOCKA, FL 33055 **Current Mailing Address: New Mailing Address:** P.O. BOX 174086 MIAMI, FL 33017 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: Name and Address of New Registered Agent: THOMPSON, CHARLES 4399 NW 64TH AVE CORAL SPRINGS, FL 33067 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition LOCKETT, ROBERT L Name: Name: 8230 NW 12 CT Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: () Change () Addition FREDRICK, MARIE Name: Name: Address: 18130 NW 19M AVE Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, FRANCENIA Name: Name: 4399 NW 64TH AVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: THOMPSON, CHARLES Name: Address: 4399 NW 64TH AVE Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: (X) Delete Title: () Change () Addition MELTON, ANDRIA Name: Name: 3840 NW 170 STREET Address: Address: City-St-Zip: MIAMI GARDENS, FL 33055 City-St-Zip: Title: (X) Delete Title: () Change () Addition SHY, LOGAN Name: Name: Address: 12835 NORTHWEST 23RD STREET Address: PEMBROKE PINES, FL 33028 City-St-Zip: 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