## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000009855

Entity Name: ONE LOVE FOUNDATION, INC.

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19540 SW 127TH AVE MIAMI, FL 33177

Current Mailing Address: New Mailing Address:

19540 SW 127TH AVE MIAMI, FL 33177

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VOLTAIRE, KAREEN C 19540 SW 127TH AVE MIAMI, FL 33177 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: KAREEN C. VOLTAIRE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VOLTAIRE, KAREEN C
 Name:

 Address:
 19540 SW 127TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BROSSARD, GERALD L
 Name:

 Address:
 19540 SW 127TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VOLTAIRE-LEMOINE, SHEILLA
 Name:

 Address:
 6288 NW 170TH TERR
 Address:

 City-St-Zip:
 HIALEAH, FL 33015
 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition Name: LEMAINE, HERVE Name: SAN MILLAN, MARGARETH R 6288 NW 170TH TERR 3701 JACKSON STREET #209 Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete Title: D (X) Change () Addition

 Name:
 VOLTAIRE, INGRID P
 Name:
 GRANT, VICTORIA

 Address:
 19540 SW 127TH AVE
 Address:
 10340 S.W. 154TH

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREEN VOLTAIRE D 03/28/2006