

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000000302

FILED
Oct 22, 2004
Secretary of State**Entity Name:** LOVING SPACE, INC.**Current Principal Place of Business:**1557 W. SILVER BEACH ROAD
RIVIERA BEACH, FL 33404**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 10862
RIVIERA BEACH, FL 334190862 US**New Mailing Address:****FEI Number:** 65-0553323 **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:**DAVIS, BETTY
1557 W. SILVER BEACH ROAD
RIVIERA BEACH, FL 33404 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DAVIS, BETTY
Address: 1557 W. SILVER BEACH ROAD
City-St-Zip: RIVIERA BEACH, FL 33404**Title:** CD () Delete
Name: BURKE, MYRTIS
Address: 618 CLEAR LAKE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** SD () Delete
Name: QUIENCE, LISA
Address: 1400 W 6TH STREET
City-St-Zip: RIVIERA BEACH, FL**Title:** TD () Delete
Name: SWEETING, LUCILLE
Address: 1549 SILVER BEACH ROAD
City-St-Zip: RIVIERA BEACH, FL 33404**Title:** D () Delete
Name: RICHARSON, VERNELL
Address: 1549 W. 33RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404**Title:** D () Delete
Name: FLINT, KIMBERLY
Address: 1548 W. 33RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404**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
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETTY DAVIS

PD

10/22/2004

Electronic Signature of Signing Officer or Director

Date