

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 NOV 21 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 79800006944

1. Corporation Name

LOVE GIVES, INC.

2. Principal Office Address  
6517 PINES PKWY

Suite, Apt. #, etc.

City & State  
HOLLYWOOD, FL

Zip  
33023

Country  
BROWARD

3. Mailing Office Address  
6517 PINES PKWY

Suite, Apt. #, etc.

City & State  
HOLLYWOOD, FL

Zip  
33023

Country  
BROWARD

**REINSTATEMENT**

02-06 DSC

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/07/1998

5. FEI Number  
65-0881190

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
JOSEPH A WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)  
6517 PINES PKWY

Suite, Apt. #, Etc.

City  
HOLLYWOOD

State  
FL

Zip Code  
33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Joseph A Williams*

REGISTERED AGENT MUST SIGN

Date 11/16/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOSEPH A WILLIAMS	6517 PINES PKWY	HOLLYWOOD, FL 33023
SD	GENISE J WILLIAMS	6517 PINES PKWY	HOLLYWOOD, FL 33023
TD	JANET LAWRENCE	6517 PINES PKWY	HOLLYWOOD, FL 33023

000091982930  
11/21/06--01026--012 \*\*481.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Genise J. Williams* Genise J. Williams, SD

Date

11/16/06

Daytime Phone #