

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000006944

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** LOVE GIVES, INC.

**Current Principal Place of Business:**

6517 PINES PKWY  
HOLLYWOOD, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

6517 PINES PKWY  
HOLLYWOOD, FL 33023 US

**New Mailing Address:**

**FEI Number:** 65-0881190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, JOSEPH A  
6517 PINES PKWY  
HOLLYWOOD, FL 33023 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:** JOSEPH A WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMS, JOSEPH A  
**Address:** 6517 PINES PKWY  
**City-St-Zip:** HOLLYWOOD, FL 33023 US

**Title:** SD  
**Name:** WILLIAMS, GENISE J  
**Address:** 6517 PINES PKWY  
**City-St-Zip:** HOLLYWOOD, FL 33023 US

**Title:** TD  
**Name:** LAWRENCE, JANET M  
**Address:** 17110 NW 14TH AVE  
**City-St-Zip:** MIAMI, FL 33169 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH A WILLIAMS

PD

10/11/2011

Electronic Signature of Signing Officer or Director

Date