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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000001190**

1. Corporation Name

Luv-It Wellness Club 2000, Inc.

2. Principal Office Address

780 Northpoint Circle N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 28128

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32218

Country

U.S

City & State

Jacksonville, FL

Zip

32226

Country

U.S

REINSTATEMENT 5-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3750731

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 **Gloria A. Lovett**

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

780 Northpoint Circle North

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Gloria A. Lovett

REGISTERED AGENT MUST SIGN

Date

10/31/06

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
Director	Gloria Lovett	780 Northpoint Circle N.	Jax, FL 32218

900081538769
11/06/06--01030--003 **122.50

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:

Gloria A. Lovett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/06

Date

Daytime Phone #

904.757.3016(h.o)

904.535.2113(c)

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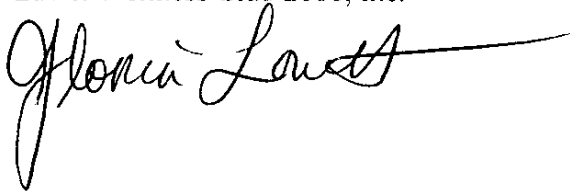
Luv-it Wellness Club 2000, Inc.
P.O. Box 28128 Jacksonville Florida 32226
904.757.3016 glovett1@bellsouth.net

From: Gloria A. Lovett
Regarding: Luv-it Wellness Club 2000, Inc.
Date: October 1, 2006

To Whom It May Concern,

I did not receive notification of corporation fees due for Luv-it Wellness Club 2000 Inc. for 2005 or 2006. I am requesting a waiver of the reinstatement fees for 2005-2006. Enclosed is a check in the amount of \$122.50 for fees due 20005-2006. I appreciate your assistance in resolving this matter.

Thank you,
Gloria Lovett, Director/President
Luv-it Wellness Club 2000, Inc.

A handwritten signature in cursive script, reading "Gloria Lovett", followed by a long horizontal flourish line.