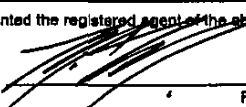
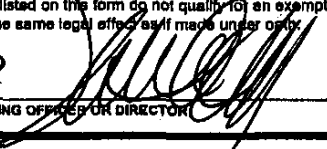


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB 24 AM 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N99 00000 2292				
1. Corporation Name LOVE Heals ALL, INC.				
2. Principal Office Address 15024 SW 147 STREET Suite, Apt. #, etc.		3. Mailing Office Address 15024 SW 147 ST. Suite, Apt. #, etc.		
City & State MIAMI FLORIDA 33196 Zip Country 33196 USA		City & State MIAMI FLORIDA 33196 Zip Country 33196 USA		
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number 650910805 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 MANSO, MADELIN				
Street Address (P.O. Box Number is Not Acceptable) 15024 SW 147 STREET				
Suite, Apt. #, Etc.				
City MIAMI		State FL	Zip Code 33196	
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 		Date 2-21-05		
REGISTERED AGENT MUST SIGN				
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	
PSTD	MANSO, MADELIN	15024 SW 147 ST	MIAMI, FLA 33196	
D	MANSO, Hector R. JR	15024 SW 147 ST	MIAMI, FLA 33196	
D	PUIG, DIANA	15024 SW 147 ST	MIAMI, FLA 33196	
03/07/05--01018--021 **490.00				
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 under section 119.07(3)(i), 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: HECTOR R. MANSO JR 		Date 2-21-05	Daytime Phone # 786 4026049	

CODE 381 (01/05)