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 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99 00000 2292

1. Corporation Name
LOVE Heals ALL, INC.

2. Principal Office Address	3. Mailing Office Address
15024 SW 147 STreet	15024 SW 147 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA 33196	City & State: MIAMI FLORIDA 33196
Zip: 33196 Country: USA	Zip: 33196 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650910805 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $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: [signature] REGISTERED AGENT MUST SIGN Date: 2-21-05

CR2E081 (01/05)

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
		01-05	

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 [signature] — 2-21-05 — 7864026049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #