

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N99000004862</b>			
1. Corporation Name <b>LEARNING OBSERVED VICTORIOUSLY EVERDAY, INC.</b>			
Principal Place of Business 5543 PENTAIL CIR. TAMPA FL 33625		Mailing Address 5543 PENTAIL CIR. TAMPA FL 33625	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>N/A</b>		3. New Mailing Office Address, If Applicable <b>L.O.V.E. 155A</b> Suite, Apt. #, etc. <b>P.O. Box 340467</b> City & State <b>TAMPA, FL</b> Zip <b>33694-0467</b> Country <b>USA</b>	
Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida <b>08/09/1999</b> 5. FEI Number <b>59-3598436</b> Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/G	Hattie Crespo	5543 Pentail Circle	Tampa, FL 33625
V/D/M	Sidney Crespo	5543 Pentail Circle	Tampa, FL 33625
D/	Marisol Clark	2225 131 <sup>ST</sup> AVE, APT # 2003	Tampa, FL 33612
T/	Rosa V. Vickers	1122 W. ARCH ST	Tampa, FL 33607
S	Cynthia J. Flowers	2527 Cherry ST	Tampa, FL 33607
<b>00-01</b>			
8. Name and Address of Current Registered Agent <b>SIMMONS, RUSSELL B</b> 3704 GREENFORD ST. VALRICO FL 33594		9. Name and Address of New Registered Agent <b>REINSTATEMENT</b> Name <b>700004617007--5</b> Street Address (P.O. Box Number is Not Applicable) <b>10701-01014-009</b> Suite, Apt. #, Etc. <b>*****61.25 *****61.25</b> City State <b>FL</b> Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Russell B. Simmons</u> Date <u>6/7/01</u> REGISTERED AGENT MUST SIGN			
11. 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: <u>Hattie Crespo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Hattie Crespo</b>		Date <u>6/7/01</u> 813-265-4127 Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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08/09/1999

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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