

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033029

1. Corporation Name

AROMAS OF LOVE, INC.

Principal Place of Business

2701 W BUSH BOULEVARD
SUITE 109
TAMPA FL 33618

Mailing Address

2701 W BUSH BOULEVARD
SUITE 109
TAMPA FL 33618

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

Suite, Apt. #, etc.

12818 CEDAR FOREST DR. #203

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33625

Country

USA

Zip

Country

5. FEI Number

593730604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SANZ, GABRIELA T	6293 SAVANAH BREEZE COURT	TAMPA FL 33625
SD	SANZ, JESSICA	6293 SAVANAH BREEZE COURT	TAMPA FL 33625
PD	SANZ, GABRIELA T.	12818 CEDAR FOREST DR. #203	TAMPA FL. 33625
SD	SANZ, JESSICA	12818 CEDAR FOREST DR #203	TAMPA FL. 33625
VP.	SANZ, VICTOR	12818 CEDAR FOREST DR #203	TAMPA FL. 33625

8. Name and Address of Current Registered Agent

SANZ, VICTOR R
6293 SAVANAH BREEZE COURT
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

SANZ, VICTOR

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

12818 CEDAR FOREST DR. #203

Suite, Apt. #, Etc.

TAMPA #203

City

TAMPA

State

FL

Zip Code

33625

CR2EQ40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SANZ, VICTOR R
REGISTERED AGENT MUST SIGN

Date

11/04/02

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:

SANZ, VICTOR R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/02

Daytime Phone #

Tampa, November 04, 2002

Attention, Department of State

Corporation Name : Aromas of Love, Inc.

~~Document #P01000033029~~

I have not receive any notice prior to this. I am sorry for the inconvenience, but here I am sending the correct information about the new addresses. Thank you !

A handwritten signature in cursive script, appearing to read "Victor Sanz".

Victor Sanz

Vice President-Agent