

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090422

1. Corporation Name

ONE LOVE TRANSPORTATION INC

4624 CARAMBOLA CR N.

SAME

2. Principal Office Address

4624 CARAMBOLA CR N.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

SAME

Zip

33066

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 09-12-2001

5. FEI Number

65-1142119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

BARRINGTON B THOMPSON

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

4624 CARAMBOLA CIRCLE N

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33066

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

Barrington B Thompson
REGISTERED AGENT MUST SIGN

Date 11-4-2004

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
D	BARRINGTON B THOMPSON	4624 CARAMBOLA CIRCLE N.	COCONUT CREEK, FL 33066

700042612137
11/09/04--01091--005 **783.75

02/26/04 01055 008 \$750.00

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:

Barrington B Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-04-2004

Date

954-873-2714

Daytime Phone #

CR2E081 (01/04)