

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUN -9 PM 5:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000017246**

1. Corporation Name

LOVE FOOD, INC

**REINSTATEMENT 03-04**

2. Principal Office Address

8901 NE 10 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

7098 BONITA DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33138

Country

Zip

33141

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/06/2002

5. FEI Number

04-3606539

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

DAWN HURLBURT-BECERRA

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

8901 NE 10TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33138

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

*Dawn Hurlburt*

REGISTERED AGENT MUST SIGN

Date 04/28/04

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
P	DAWN MARIE HULBURT BECERRA	8901 NE 10TH AVENUE	MIAMI, FLORIDA 33138

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:

*Dawn Hurlburt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

Date

(305) 219-8804

Daytime Phone #

CR2E081 (10/02)