PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 18 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000034891**

1. Corporation Name

LOVEN & LEARNING INC.

Principal Place of Business	Mailing Address
17484 HARRELL STREET BROOKER FL 32622	~~17484 HARRELL STREET~~ P.O. Box 65 BROOKER FL 32622

REINSTATEMENT 03

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
No Mail Reseptide	P.O. Box 65
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	Brooker, FL City & State
Zip / Country	Zip 32622 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/25/2002

5. FEI Number: ☐ 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
D	HAIGHT, VINCENT W	P O BOX 182	BROOKER FL 32622
D	HAIGHT, PHYLLIS D	P O BOX 182	BROOKER FL 32622
			100024197281 10/28/03--01026--001 **150.00
			100024197281 11/18/03--01065--002 **150.00

8. Name and Address of Current Registered Agent

HAIGHT, VINCENT W
~~P O BOX 182~~ 10068 SW 112th Ave
GRAHAM FL 32042

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

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 SIGNATURE REQUIRED Date

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: SIGNATURE REQUIRED Phyllis Denise Haight 10-23-03 352-485-1550

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

To whom it may concern:

I need to have an address change made on my company records. Your office has our 911 physical address as also being our mailing address. The address that you have on your records is as follows: 17484 Harrell Street, Brooker, Florida 32622. This is only our physical address. We do not and can not receive mail at this address. Our correct mailing address is as follows: Love'n & Learning, P.O. Box 65, Brooker, Florida 32622. Due to the error in our mailing address we have not been able to receive all of our mail, it is up to the Post Masters discretion whether or not they will forward it over, therefor we have not received all of the documents or forms from your office in the past. I'm sorry for any inconvenience that this may have caused you or your office. I would greatly appreciate it if you would please make the necessary changes to my files and records. I have enclosed a check with the appropriate form, if there is anything else that I need to do to resolve this matter please let me know. Thank you.

Sincerely,
Denise Haight
Denise Haight