

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 OCT 10 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000049298**

1. Corporation Name

LOVE INSURANCE, INC.

Principal Place of Business

2216 SW ARCHER RD
GAINESVILLE FL 32608

Mailing Address

2216 SW ARCHER RD
GAINESVILLE FL 32608

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2002

5. FEI Number

03 0438670

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	CRAWFORD, JAMES G JR.	2216 SW ARCHER RD	GAINESVILLE FL 32608

700023712617
10/10/03--01072--008 **150.00

8. Name and Address of Current Registered Agent

CRAWFORD, JAMES G JR.
2216 SW ARCHER RD
GAINESVILLE FL 32608

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

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

James G. Crawford
REGISTERED AGENT MUST SIGN

Date Oct. 9, 2003

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:

James G. Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 9, 2003

Date

(352) 376-4357

Daytime Phone #

CR2E040 (7/03)



LOVE
INSURANCE

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Call For A Free Quote

James G. Crawford, Jr.

HELP

2216 S.W. Archer Road
Gainesville, FL 32608

Office (352) 376-4357
Fax (352) 336-4101

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

I, James G. Crawford, Jr., Director of Love Insurance, Inc. did not receive any prior uniform business report notices at 2216 S.W. Archer Road, Gainesville, Florida 32608. I only received the Notice of Administrative Dissolution or Revocation. No other notices were received.

Enclosed is my reinstatement fee of \$150.00.

Thank you.

James G. Crawford, Jr., Director
Love Insurance, Inc.