

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 SEP 28 PM 2:15

SEC. OF STATE  
TALLAHASSEE, FLORIDA



08242005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000047564					
1. Entity Name TEAM ONE LOVE, INC.					
Principal Place of Business 9882 SALT WATER CREEK COURT LAKEWORTH, FL 33467 US			Mailing Address 120-25 227TH STREET CAMBRIA HEIGHTS, NY 11411 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAY, ALVIN 9882 SALT WATER CREEK COURT LAKEWORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITHS, KEMPTON		NAME	600060019566	
STREET ADDRESS	120-25 227TH STREET		STREET ADDRESS	09/28/05--01004--002 **300.00	
CITY-ST-ZIP	CAMBRIA HEIGHTS, NY 11411		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAY, ALVIN		NAME		
STREET ADDRESS	11357 AVANT LANE		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45249		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAY, GRACE		NAME		
STREET ADDRESS	11357 AVANT LANE		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45249		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITHS, MAUREEN		NAME		
STREET ADDRESS	120-25 227TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CAMBRIA HEIGHTS, NY 11411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kempton Griffiths</u>			9/2/05 6462358348		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		