2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000047564

Entity Name: TEAM ONE LOVE, INC.

GRIFFITHS, MAUREEN

120-25 227TH STREET

CAMBRIA HEIGHTS, NY 11411 US

Name:

Address:

City-St-Zip:

FILED Oct 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9882 SALT WATER CREEK COURT LAKEWORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 120-25 227TH STREET CAMBRIA HEIGHTS, NY 11411 US FEI Number: 86-1060101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAY, ALVIN 9882 SA;T WATER CREEK COURT LAKEWÖRTH, FL 33467 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. SIGNATURE: ALVIN DAY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GRIFFITHS, KEMPTON Name: Name: 120-25 227TH STREET Address: Address: City-St-Zip: CAMBRIA HEIGHTS, NY 11411 US City-St-Zip: Title: **VPSD** Title: () Delete () Change () Addition Name: DAY, ALVIN Name: 11357 AVANT LANE Address: Address: CINCINNATI, OH 45249 US City-St-Zip: City-St-Zip: Title:) Delete Title: () Change () Addition DAY, GRACE Name: Name: 11357 AVANT LANE Address: Address: City-St-Zip: CINCINNATI, OH 45249 US City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119 Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KEMPTON GRIFFITHS **PRES** 10/06/2006