

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000147291

1. Corporation Name

LOVIN' IT LIVE, INC.

2. Principal Office Address - No P.O. Box #

805 S. KIRKMAN RD

Suite, Apt. #, etc.

203

City & State

ORLANDO, FL

Zip

32811

Country

USA

3. Mailing Office Address

2796 E. POINT ST

Suite, Apt. #, etc.

City & State

EAST POINT, GA

Zip

30344

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2004

5. FEI Number

87-0733597

☐ 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

BARBARA J. ADAMS

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

805 S. KIRKMAN RD

Suite, Apt. #, Etc.

SUITE 203

City

ORLANDO

State

FL

Zip Code

32811

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

Date 02/08/2008

REGISTERED AGENT MUST SIGN

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
PD	LORRAINE HARRIS	2701 WINDWARD COURT	ORLANDO, FL 32805
VP	VINCENT STRETCHER	2982 DUKE OF WINDSOR	EAST POINT, GA 30344
SEC/T	JUDY HARPER	2456 HANFORD DRIVE	ATLANTA, GA 30315
Trea	Mahalia Jackson	3230 Herrenhut Rd	Lithonia, GA 30053
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

*Vincent Stretcher*

02/08/2008

407 297-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUN 26 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500131749045  
06/26/08--01035--004 \*\*300.00

REINSTATEMENT 07-08