

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000164935

FILED
Sep 17, 2007
Secretary of State

Entity Name: BUNDDLES OF LUV ASSISTED LIVING, INC.

Current Principal Place of Business:

2425 S.W. ABERDEEN ST.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2425 S.W. ABERDEEN ST.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 04-3837426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-BAPTISTE, SUZETTE
2425 S.W. ABERDEEN ST.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: SUZETTE JEAN - BAPTISTE

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:

Title: P/D () Delete
Name: JEAN-BAPTISTE, SUZETTE
Address: 2425 S.W. ABERDEEN ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP/D () Delete
Name: JEAN-BAPTISTE, SUZETTE
Address: 2425 S.W. ABERDEEN ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: JEAN-BAPTISTE, SHINA
Address: 2425 S.W. ABERDEEN ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SUZETTE JEAN - BAPTISTE

D

09/17/2007

Electronic Signature of Signing Officer or Director

Date