

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 19 AM 10:14

DOCUMENT # P06000112293

1. Corporation Name

Loving Solutions Inc

WI-23371

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

2293 Nettlebrook st north

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

Country

32218

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2007

5. FEI Number

20-5466492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shawnie Anderson

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

2293 Nettlebrook st north

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

*Shawnie Anderson*

REGISTERED AGENT MUST SIGN

Date 5.17.10

**PROFIT CORPORATIONS ONLY**

☒ The \$600.00 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.

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
P	Shawnie Anderson	2293 Nettlebrook st north	Jacksonville FL 32218
V.P	Michael Anderson	2293 Nettlebrook st north	Jacksonville FL 32218

300180666443

05/19/10 01027 002 \*\*150.00

10. E-mail Address: bajan honey 38@yahoo.com

(To be used for future annual report notification)

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, I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/10

Daytime Phone #

(904) 638-6670