

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P18000071751

1. Corporation Name BeLoved, Inc.

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

401 NE 21<sup>st</sup> Terrace

Suite, Apt. #, etc

City & State

Miami, FL

Zip

33179

Country

USA

3. Mailing Office Address

401 NE 21<sup>st</sup> Terrace

Suite, Apt. #, etc

City & State

Miami, FL

Zip

33179

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/2018

5. FEI Number

85-2460206

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

Danie Spikes

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

401 NE 21<sup>st</sup> Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

300418395793

11/03/23--01001--001 \*\*1050.00

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

Danie M. Spikes

REGISTERED AGENT MUST SIGN

Date 10/31/23

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	Danie Spikes	401 NE 21 <sup>st</sup> Terrace	Miami, FL 33179

10. E-mail Address: d.spikes@beloved63.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Danie Spikes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/23 (404)643-5777

Date

Daytime Phone #

FILED  
2023 NOV - 2 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CR2E081 (11/10)