PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. P94000016061

CORPORATION REINSTATEMENT 02UBA

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016061

1. Corporation Name

ONE LOVE INC K10200028822

FORMERLY: SECOND HAND ROSE NURSERY & LANDSCAPING INC.

2. Principal Office Address	**3.** Mailing Office Address
2488 OAK Forest Dr	2488 OAK FOREST Dr
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE Bch, FL
Zip: 32250 Country: USA	Zip: 32250 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 2-14-94

5. FEI Number: 59-3225624 ☐ 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: ~~TRACIE L. FEDRICK~~ Michael D. McGuire

Street Address (P.O. Box Number is Not Acceptable): ~~200 EXECUTIVE WAY #111~~ 2488 OAK Forest Dr

Suite, Apt. #, Etc.: ~~#111~~

City: ~~Ponte Vedra Bch FL~~ Jacksonville Bch. State: FL Zip Code: 32~~250~~

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: _____ Date: 10-21-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	Michael D. McGuire	2488 OAK Forest Dr	Jax Bch FL 32250
~~VP~~ SEC	Lourdes M. McGuire	2488 OAK Forest Dr	Jax Bch FL 32250
~~T~~	~~JAKE LEE McGUIRE~~	~~2488 OAK Forest Dr~~	~~Jax Bch FL 32250~~
		700009108057 11/20/02--01081--028 **300.00	

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 under section 119.07(3)(i), 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: _____ Michael McGuire 7/22/02 904 246-5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

Please Reinstate our Corporation.

Our address has changed as well as our Agent + Agent's address. Although we filed the proper change of address forms, our Corporation renewal information was never forwarded to us. For these reasons Please waive the reinstatement fees.

Thank you for your attention.

Michael McGuire