

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="margin: 5px 0;">03 JUN 10 AM 9:06</div> <div style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin: 10px 0;">800021378368 07/08/03--01021--008 ***1500.00</div> <div style="margin: 0;">98-03 Re: <i>[Signature]</i></div>			
DOCUMENT # P95000032719 1. Corporation Name LOVE SPONGE PRODUCTIONS, INC.				4. Date Incorporated or Qualified To Do Business in Florida 4/24/95 5. FEI Number 59-3310258 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Applied For</td></tr><tr><td style="padding: 2px;">Not Applicable</td></tr></table> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For	Not Applicable
Applied For							
Not Applicable							
2. Principal Office Address 5264 61ST AVENUE SOUTH Suite, Apt. #, etc.		3. Mailing Office Address 5050 W. LEMON STREET Suite, Apt. #, etc.					
City & State ST. PETERSBURG, FL Zip 33715 Country USA		City & State TAMPA, FL Zip 33609 Country USA					
7. Name and Address of Current Registered Agent							
Name Thomas J. Bean							
Street Address (P.O. Box Number is Not Acceptable) 5050 W. Lemon Street							
Suite, Apt. #, Etc.							
City Tampa				State FL	Zip Code 33609		
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 <i>[Signature]</i> Date 04/02/13 <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>							
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 Officers and/or Director	City/State/Zip				
D/P/S/T	Clem, Todd A.	5264 61st Avenue South	St-Petersburg, FL-33715				
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.							
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE: <i>[Signature]</i> Todd A. Clem, President</div><div style="width: 20%;">Date 04/12/13</div><div style="width: 20%;">(813) 675-4448</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>							