

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 28 AM 9:08

SECRETARY OF STATE-
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097385

1. Corporation Name

BUCKETS OF LOVE, INC.

Principal Place of Business

8849 SW 132 ST
MIAMI FL 33176
US

Mailing Address

8849 SW 132 ST
MIAMI FL 33176
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~13501 SW 74 AVENUE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~13501 SW 74 AVENUE~~
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1996

5. FEI Number

65-0725528

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOLZBERG, DEBBIE	13501 SW 74 AVE	MIAMI FL 33156

8. Name and Address of Current Registered Agent

HOLZBERG, DEBRA G
13501 SW 74 AVE
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Debra Holzberg **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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 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:

Debra Holzberg **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

J. MAURICE FINKEL P.A.

**ATTORNEYS AT LAW
28 COURTHOUSE PLAZA
SUITE 330
MIAMI, FLORIDA 33130
(305) 379-7538
(305) 379-0407 FAX**

March 21, 2003

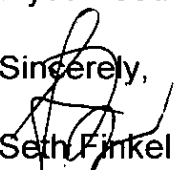
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

This firm represents Bucket's of Love, Inc. Enclosed is our firm's trust account check for \$ 300, plus the reinstatement documents and client's letter of explanation for late filing. It is my understanding that the division will reinstate the corporation for the discounted fee of \$300. Please notice the address change for the corporation.

If you need further documentation, please feel free to contact me.

Sincerely,



Seth Finkel
SLF/la
encl.