


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000012288		
1. Entity Name LUV-KUSH INVESTMENTS INC.		

Principal Place of Business 644 N. WOODLAND BLVD. DELAND, FL 32720	Mailing Address 644 N. WOODLAND BLVD. DELAND, FL 32720
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2. Principal Place of Business 644 N. WOODLAND BLVD	3. Mailing Address 644 N. WOODLAND BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELAND, FL	City & State DELAND, FL	4. FEI Number 59-3444372	Applied For Not Applicable
Zip 32720	Country VOLUSIA	Zip 32720	Country VOLUSIA

6. Name and Address of Current Registered Agent PATEL, S.B. 644 N. WOODLAND BLVD DELAND, FL 32720		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT PATEL, S.B. 3236 US HIGHWAY 1 FT. PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400043043624 11/29/04--01060--015 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PATEL, TUSHAR 644 N WOODLAND BLVD DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  S.B. PATEL	11.30.04	386-734-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FILED  
04 NOV 29 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

