PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P98000069884

FILED
01 MAY -1 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069884

1. Corporation Name
LOVE Hospitality Services, INC.

2. Principal Office Address	3. Mailing Office Address
9555 S. DIXIE Hwy.	9555 S. DIXIE Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI FL ~~33155~~
Zip: 33156 Country:	Zip: 33156 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/1998

5. FEI Number: 65-0849727 ☐ 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: JAY LOVE
Street Address (P.O. Box Number is Not Acceptable): 9555 S. DIXIE Hwy
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33156

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: Jay Love (REGISTERED AGENT MUST SIGN) Date: 5/1/01

CR2E061 (9/97)

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	Jay Love	9555 S. DIXIE Hwy.	MIAMI, FL 33156
			600004101596--1
	REINSTATEMENT 2000-2001		-05/01/01--01048--001
			***2970.00 ****908.75

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: Jay Love — Jay Love (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 5/1/01 (Date) — (305) 667-9381 (Daytime Phone #)