

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 23 PM 1:26

DOCUMENT # 999000004878

1. Corporation Name
Lovergirls, Inc.

2. Principal Office Address
651 Okeechobee

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

Zip

33401

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01/19/1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0-05

7. Name and Address of Current Registered Agent

Name

Paul Schafranick

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

651 Okeechobee Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

200059175112
08/23/05--01028--006 **150000

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

Paul Schafranick
REGISTERED AGENT MUST SIGN

Date 8-18-05

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
PDST	Paul Schafranick	651 Okeechobee Blvd.	West Palm Beach, Florida 33401

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:

Paul Schafranick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-05

Date

Daytime Phone #

CR2E081 (01/05)