

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734278

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** ACTION FOR LIFE, INC.

**Current Principal Place of Business:**

9 38 3RD AVENUE NORTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8206  
NAPLES, FL 341018206 US

**New Mailing Address:**

**FEI Number:** 59-1720903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELONE, EDWARD C  
6132 THRESHER DRIVE  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: EDWARD C. MELONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HENNESSY, JOSEPH  
Address: 4980 8TH AVE SW  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: JOHN, BATES  
Address: 1408 FOREST LAKES BLVD/  
City-St-Zip: NAPLES, FL 34105

Title: DS  
Name: CARTER, JOAN  
Address: 2081 W. CROWN POINT BLVD  
City-St-Zip: NAPLES, FL 34113

Title: T  
Name: MELONE, EDWARD C  
Address: 6132 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: HENNESSY, EILEEN  
Address: 4980 SYCARMORE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD C. MELONE

OFF

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date