

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996
FILED

96 OCT 31 AM 10 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mwb
11-4-96

DOCUMENT # **754676**
1. Corporation Name
Life Extension Foundation, Inc.

Principal Place of Business Mailing Address
**995 SW 24 Street
Ft. Lauderdale, FL 33315**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-203-6151	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Saul Kent	995 SW 24 Street	Ft. Lauderdale, FL
D	William Faloon	995 SW 24 Street	Ft. Lauderdale, FL
D	Greg Strom	995 SW 24 Street	Ft. Lauderdale, FL
			900002000169--0 -11/08/96-01031-015 ###245.00 ###245.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
William Faloon 995 SW 24 Street Ft. Lauderdale, FL 33315		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suits, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent: *[Signature]* Date: **Oct 30 1996**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *[Signature]* William Faloon Oct 30, 1996 954-766-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #