

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002095

FILED
Oct 28, 2008
Secretary of State

Entity Name: LIFESCAPES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

4930 CAMPUS DR
NEW PORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

4930 CAMPUS DR
NEW PORT BEACH, CA 92660

New Mailing Address:

FEI Number: 33-0664589 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DANIEL TRUST

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BRINKERHOFF, DONALD C
Address: 4930 CAMPUS DR
City-St-Zip: NEW PORT BEACH, CA 92660

Title: EVPM () Delete
Name: TRUST, DANIEL
Address: 4930 CAMPUS DR
City-St-Zip: NEW PORT BEACH, CA 92660

Title: PCFO () Delete
Name: BRINKERHOFF-JACOBS, JULIE
Address: 4930 CAMPUS DR
City-St-Zip: NEW PORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL TRUST

Electronic Signature of Signing Officer or Director

EVPM

10/28/2008

Date