

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV 22 AM 10:05

DOCUMENT # **F99000006637**

1. Corporation Name

LIFECLINIC.COM CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 97013
 REDMOND WA 98073-9713

P.O. BOX 97013
 REDMOND WA 98073-9713



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		15220 NE 40TH STREET		12/23/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				91-2009270	
City & State		City & State		Applied For	
		REDMOND, WA		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		98073-9713	KING		

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPD	LOMBARDI, CARL A	15220 NE 40TH ST.	REDMOND VA 98073
VD	RICHMAN, JAMES A	15220 NE 40TH ST.	REDMOND VA 98073
VSD	DEFELICE, EUGENE V	15220 NE 40TH ST.	REDMOND VA 98073
			800003493268--3
			-12/11/00--01035--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT-CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *James A. Richman* REGISTERED AGENT MUST SIGN Date: 11/17/2002

11. 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: *James A. Richman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/14/00 Daytime Phone #: 425-882-3700

CR2E40 (8/00)