

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 27 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41743

1. Corporation Name

LIFE SOURCE INTERNATIONAL INC.

2. Principal Office Address

206 North Main ST

Suite, Apt. #, etc

City & State

Louington, NM

Zip

88260

Country

USA

3. Mailing Office Address

P.O. Box 309

Suite, Apt. #, etc

City & State

Louington, NM

Zip

88260

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/1990

5. FEI Number

59-2989301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

800065584828
02/10/06--01072--007 **141.25
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

CRAIG SMITH

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

1030 Heron Point Circle

Suite, Apt. #, Etc

City

DELAND

State

FL

Zip Code

32724

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/9/06

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
P	Craig Smith	206 North Main ST	Louington, NM 88260

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:

[Signature] (Craig Smith)

1/9/06

Date

516-351-9341
505-396-0068

Daytime Phone #