PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -3 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000206**

1. Corporation Name

LIFEWORKS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1850 LEE ROAD #323 WINTER PARK FL 32789	P.O. BOX 1512 WINTER PARK FL 32790

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
1850 LEE Road	
Suite, Apt. #, etc.: Suite 323	Suite, Apt. #, etc.
City & State: Winter Park, FL 32789	City & State
Zip: 32789 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/13/1998

5. FEI Number: 59-3562173 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	BAIN, CLINTON D	2150 GREYSTONE TR	ORLANDO FL 32818
D	WILLINGHAM, JAMES E	2900 MONOCO CT	ORLANDO FL 32806
D	CHRISTIANO, JOSEPH A	P O BOX 951479 N/A	LAKE MARY FL 32795
D	BAIN, MAY	5287 LIGHTHOUSE RD	ORLANDO FL 32808

REINSTATEMENT TS

8. Name and Address of Current Registered Agent

SHUFFIELD, W. CHARLES
315 E ROBINSON ST, SUITE 600
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

600003480256--5
-11/30/00--01005--017
****236.25 ****236.25

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: W. Charles Shuffield SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 10/27/00

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: SIGNATURE REQUIRED — 10-18-00 — (407) 647-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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