

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101737

Corporation Name **LIFE NEW BEGINNINGS INC.**

Principal Office Address

7031 ROCKWOOD DR.

Suite, Apt. #, etc.

Mailing Office Address

7031 ROCKWOOD DR.

Suite, Apt. #, etc.

City & State

PORT RICHEY FL.

City & State

PORT RICHEY FL.

Zip

34668

Country

USA

Zip

34668

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/00

5. FEI Number

59-3678512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AMY MARTINEZ

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

7031 ROCKWOOD DR.

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

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]

Date

9/7/03

REGISTERED AGENT MUST SIGN

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 |
|-------------------|--------------------------------------|---|-----------------------|
| PRESIDENT | AMY MARTINEZ | 7031 ROCKWOOD DR. | PORT RICHEY, FL 34668 |
| VICE PRESIDENT | HERMAN MARTINEZ | 7031 ROCKWOOD DR. | PORT RICHEY, FL 34668 |
| | | | |
| | | | |
| | | | |
| | | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/03

Date

927-507-9255

Daytime Phone #

Page 2 of 2

**GARY J HOLCK
TAX CONSULTANT**

1961 ARVIS CIRCLE E
CLEARWATER FL 33764

727-507-9255BP
727-538-5306FAX

September 7, 2003

TO WHOM IT MAY CONCERN,

I'M WRITING THIS LETTER ON BEHALF OF LIFES NEW BEGINNING INC.. THIS CORPORATION WAS REGISTERED ON 10/27/2000. IT TOOK SOME TIME TO RECEIVE PROVIDERSHIP IN ORDER FOR THIS CORPORATION TO DO BUSINESS. ON 02/01/2002 THIS CORPORATION WAS ACTIVELY DOING BUSINESS. IN REGARDS TO THE UNIFORM BUSINESS REPORT THIS CORPORATION HAS NEVER RECEIVED ONE. AFTER SPEAKING TO MISS PETERSON IT WAS BROUGHT TO MY ATTENTION THAT ON 09/21/2001 THIS CORPORATION WAS DISSOLVED OR REVOKED DUE TO A MISSING REPORT. AT THIS TIME WE WOULD LIKE TO REQUEST REINSTATEMENT OF THIS CORPORATION. MISS PETERSON ADVISED THAT ANY REINSTATEMENT FEES WOULD BE WAIVED ON THE GROUNDS BEING WE NEVER RECEIVED A REPORT. WHAT EVER FEES ARE DUE PLEASE ADVISE. I HOPE YOU CAN GIVE THIS REQUEST SERIOUS CONSIDERATION. WE APOLOGIZE FOR ANY OVERSITE AND THANK YOU VERY MUCH FOR YOUR COOPERATION.

SINCERELY YOURS,



GARY J HOLCK

LIFES NEW BEGINNING INC.
7031 ROCKWOOD DR.
PORT RICHEY FL 34668
EIN#59-3678512

AMY AND HERMAN MARTINEZ