PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 FEB 13 PM 12:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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02/27/07--01012--016 **450.00

DOCUMENT # P03000010193

1. Corporation Name

A Possible Life, Inc.

REINSTATEMENT

CR2E081 (12/05) 05 07

2. Principal Office Address	3. Mailing Office Address
6595 NW 36 Street	6595 NW 36 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 301	Suite 301
City & State	City & State
Virginia Gardens	Virginia Gardens
Zip / Country	Zip / Country
FL 33166	FL 33166

4. Date Incorporated or Qualified To Do Business in Florida: 01/21/2003

5. FEI Number: 20-8418554 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: Adriana Morales

Street Address (P.O. Box Number is Not Acceptable): 14695 Braddock Oak Dr.

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32837

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 2/10/07
REGISTERED AGENT MUST SIGN

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,V,T,S	Moises Ponce	6595 NW 36 ST, #301	Virginia Gardens, FL 33166

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 contained in Chapter 119, 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: _____ 2/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CC. Williams FEB 13 2007

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

MOISES PONCE
PRESIDENT