

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 25 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000040411

1. Corporation Name

Reppin For Life, Inc.

*[Handwritten initials]*

2. Principal Office Address

698 NW 12th rd.

Suite, Apt. #, etc.

3. Mailing Office Address

698 NW 12th rd.

Suite, Apt. #, etc.

REINSTATEMENT 04-06  
CR2E081 (12/05)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2003

5. FEI Number

30-023 0379

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cohen, Matthew D.

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

698 NW 12th rd.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

*[Handwritten Signature]*

Date

5/9/06

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	Matthew D. Cohen	698 NW 12th rd.	Boca Raton, FL 33486

100076205851  
06/14/06--01043--004 \*\*450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06

Date

561-245-1441

Daytime Phone #

282

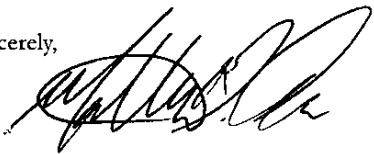
May 9, 2006

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

It has recently occurred to me that my corporation has been dissolved. I never received notification for my annual report fees. Please waive the \$600 penalty and I am including the annual and supplemental fees for the time from 10/01/04 until present for \$450.00. If there are any problems or concerns please notify me 561.245.1441

Sincerely,



Matthew D. Cohen