

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 29 PM 2:38

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024770

1. Corporation Name

Lifespan Financial Strategies, Inc

400087198394
02/02/07--01037--006 **450.00

2. Principal Office Address

1930 N Commerce Pkwy

Suite, Apt. #, etc.

#1

City & State

Weston, Florida

Zip

33326

Country

USA

3. Mailing Office Address

318 Indian Trace

Suite, Apt. #, etc.

#264

City & State

Weston, Florida

Zip

33326

Country

USA

CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/1997

5. FEI Number

65-0741655

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

Laura Walsh

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

460 Somerset Way

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

Laura Walsh

REGISTERED AGENT MUST SIGN

Date

1/9/07

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	Laura Walsh	1930 N Commerce Pkwy #1	Weston, FL 33326
			B 7/31/07
			REINSTATEMENT 05-07

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:

Laura Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07 (954)385-7812

Date

Daytime Phone #

LIFESPAN FINANCIAL STRATEGIES, INC.

REGISTERED INVESTMENT ADVISOR

"Orchestrating Your Family's Financial Harmony"



January 9, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of document number P97000024770

To Whom It May Concern:

I am writing to request that my corporation be reinstated under the name of Lifespan Financial Strategies, Inc. My document number is P97000024770. I am also requesting that you waive any penalties for this reinstatement due to the fact we did not receive our notification of renewal for the 2005 and 2006 calendar years. We did not receive any notification that we were late in filing, or that the corporation was involuntarily dissolved. I assure you, if we had received any of these notices we would have immediately mailed out the proper forms and a check.

I am enclosing a completed corporation reinstatement form as well as a check in the amount of \$450 for the calendar years 2005, 2006 and 2007.

Your consideration in this matter is greatly appreciated.

If there is any additional information you require or have any questions, please contact our office.

Thank you.

Sincerely,

Laura Walsh, M.S., CFP
President, Lifespan Financial Strategies, Inc.

Enclosure

Laura Walsh, M.S., CFP[®] Registered Representative, Securities Offered Through Mutual Service Corporation Member NASD, SIPC
Lifespan Financial Strategies, Inc. is separate from Mutual Service Corporation

Branch Office

1930 N. Commerce Parkway #1, Weston, FL 33326

Mailing Address

318 Indian Trace, Suite 264, Weston, FL 33326

Tel: (954) 385-7812 • Fax: (954) 384-7716

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