

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 OCT -9 PH 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 183911

1. Corporation Name

LIFLANS CORP.

2. Principal Office Address

1690 S. CONGRESS AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #220

City & State

DELRAY BEACH, FL

City & State

Zip

33445

Country

USA

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

3-14-55

5. FEI Number

59-6064577

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

HARRY A. LEVY

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

1690 S. CONGRESS AVE

Suite, Apt. #, Etc.

SUITE 101

City

DELRAY BEACH

State

FL

Zip Code

33445

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 x

Harry A Levy

REGISTERED AGENT MUST SIGN

Date x 9/25/00

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	HARRY A. LEVY	1690 S. CONGRESS AVE	DELRAY BEACH, FL 33445
V	BENNETT LIFTER	18425 NW 2 ND AVE	MIAMI, FL 33169
5	LEONARD LANSBURGH	4131 CRYSTAL SPRINGS RD #103	CARBONDALE, CO 81623

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: x

HARRY A LEVY
Harry A Levy PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 9/25/00

Date

561-278 8470

Daytime Phone #