

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 14 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # - 183911

1. Corporation Name

LIFLAN'S CORPORATION CORP

2. Principal Office Address

6400 CONGRESS AVE

Suite, Apt. #, etc.

SUITE 2000

City & State

BOCA RATON FL

Zip

33487

Country

PALM BEACH

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

(SAME)

City & State

(SAME)

Zip

(SAME)

Country

300036524733
05/17/04--01082--019 **750.00

REINSTATEMENT 02-04

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

\$875 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)

6400 CONGRESS AVE

Suite, Apt. #, Etc.

SUITE 2000

City

BOCA RATON

State

FL

Zip Code

33487

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

Harry A Levy

REGISTERED AGENT MUST SIGN

Date 5/13/04

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
PRES	HARRY A LEVY	6400 CONGRESS AVE SUITE 2000	BOCA RATON FL 33487
V-PRES	LEONARD LANSBURGH	2875 NE 19 TH ST - SUITE 505	AVENTURA FL 33180
Sec/Tr.	BENNETT LIFTER	18425 NW 2 ND AVE	MIAMI FL 33169

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:

Harry A Levy - Pres
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04
Date

561-999-1860
Daytime Phone #

EXT 284

CR2E081 (10/02)