

2009 FOR PROFIT CORPORATION REINSTATEMENT



FILED
09 FEB 20 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 183911 1. Entity Name LIFLANS CORP.					
Principal Place of Business 6400 CONGRESS AVE SUITE 2000 BOCA RATON, FL 33487		Mailing Address 6400 CONGRESS AVE SUITE 2000 BOCA RATON, FL 33487			
2. Principal Place of Business - No P.O. Box # 17760 NW 2nd Avenue		3. Mailing Address 17760 NW 2nd Avenue			
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-6064577	
Zip 33169		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, HARRY A 6400 CONGRESS AVE SUITE 2000 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Bennett M. LIFTER, PA Street Address (P.O. Box Number is Not Acceptable) 17760 NW 2ND Avenue #200 City Miami Gardens FL Zip Code 33169		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, HARRY A 6400 CONGRESS AVE SUITE 2000 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19500 Turnberry Way, PH-AB AVENTURA, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIFTER, BENNETT 18425 N.W. 2ND AVE MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17760 NW 2nd Avenue #200 Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANSBURGH, LEONARD 2875 N.E. 191ST ST SUITE 505 CARBONDALE, CO 81623	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	308144077353 02/20/09--01028--010 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	REINSTATEMENT 08-09		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	02/2/09		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Bennett M. Lifter</i> Bennett M. Lifter, Sec. 2/18/2009 (38) 6525506					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					