

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR) REINSTATEMENT**

DOCUMENT # 732402  
1. Entity Name  
FRIENDS FOR LIFE, INC.



FILED  
07 OCT 11 PM 12:30

Principal Place of Business Mailing Address  
% LEO KAPLAN  
5310 BUTTWOOD COURT  
TAMARAC FL 33319  
US



2. Principal Place of Business - No P.O. Box #  
3. Mailing Address  
C/o Leo Platz C/o Leo Platz  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
5410 Banyan Lane

2nd MOORE CR2E037 (4/07)

City & State City & State  
Tamarac Florida  
Zip 33319 Country USA

4. FEI Number 23-7422280 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GRAD, PATTE  
5903 B BEACH PLACE  
TAMARAC FL 33319

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By September 5, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	BERKOWITZ, FREIDA
STREET ADDRESS	6607 NW 73 AVE
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	KAPLAN, LEO
STREET ADDRESS	5310 BUTTWOOD COURT
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	PLATZ, G
STREET ADDRESS	5410 BANYAN LN
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	B, RICH
STREET ADDRESS	5904 BREODFIRST CIR
CITY-ST-ZIP	FORT LAUDERDALE FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	EPD FELDMAN, HARRY
STREET ADDRESS	5305 WOODLANDS BLVD.
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	ALKINGRAD, PATTIE
STREET ADDRESS	5903 BLUE BEACH PLACE
CITY-ST-ZIP	TAMARAC FL 33319

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700109846757
CITY-ST-ZIP	09/24/07--01067--005 **\$1.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700109846757
CITY-ST-ZIP	10/18/07--01040--002 **\$175.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Treasurer
STREET ADDRESS	Platz - Leo
CITY-ST-ZIP	5410 Banyan Lane Tamarac FL - 33319
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**REINSTATEMENT 07/28**

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 617, 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: Leo Platz 09/01/07 954-485-4975