

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 760485

03 NOV -7 PM 4:25

1. Corporation Name

LIFE FORCES RESEARCH FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2468 N OCEAN SHORE BLVD
BEVERLY BEACH FL 32136
US

94 COLECHESTER LN
PALM COAST FL 32137
US

JS

REINSTATEMENT 2003



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

900024525729
11/07/03--01070--013 **236.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1981

Suite, Apt. #, etc.

37373 Raw River Rd

Suite, Apt. #, etc.

37373 Raw River Rd

City & State

Oreana, OR

City & State

Oreana, OR

Zip

97434

Country

Zip

97434

Country

5. FEI Number

59-2186330

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<i>PD</i>	SOLOMON, LINDA REV.	34 ZAUN TRAIL	PALM COAST FL 32164
<i>PD</i>	SHORE, STUART	448 SE PINE ST 37373 Raw River Rd Oreana, OR 97434	ROSEBURG OR 97470 Oreana, OR 97434
<i>D</i>	MARSHALL, STERN	47 CADIFF CT 17 Cadiff Court	HUNTINGTON STATION NY 11746
<i>D</i>	SHORE, FRANK	94 COLECHESTER LANE	PALM COAST FL
<i>D</i>	Zwarenstein, Elissa	425 Riverside Dr, Apt 15F	New York, NY 10025-7735

8. Name and Address of Current Registered Agent

SOLOMON, LINDA REV.
2468 N OCEAN BLVD
BEVERLY BEACH FL 32136

9. Name and Address of New Registered Agent

Name *Stuart Shore*
Street Address (P.O. Box Number is Not Acceptable)
~~37373 Raw River Rd~~ 94 Colechester Ln
Suite, Apt. #, Etc.
City ~~Oreana~~ Palm Coast State ~~OR~~ FL Zip Code ~~97434~~ 32137

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 607.0605, F.S.

Signature of
Registered Agent

Stuart Shore

Date

11/03/03

REGISTERED AGENT MUST SIGN

11. 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:

Stuart Shore
Stuart Shore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/03 541/946-2000

CR-0040 (7/03)