

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:57

DOCUMENT # F00000001695

1. Corporation Name

LIFELINE BIOTECHNOLOGIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-03

12/04/03--01018--018 **150.00

07/31/01 90010 037 \$ 150.00

400024654624

11/14/03--01005--006 **750.00

Principal Place of Business

Mailing Address

1600 SOUTH FEDERAL HIGHWAY, SUITE 1145
POMPANO BEACH FL 33062

1325 AIRMOTIVE WY., STE 175
RENO NV 89502

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

88-0247285

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CVS	HOLMES, JIMMY D	1325 AIRMOTIVE WY., SUITE 175	RENO NV 89502
PD	REEVES, WILLIAM H	1600 SOUTH FEDERAL HIGHWAY, SUIT	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REEVES, WILLIAM
1600 SOUTH FEDERAL HIGHWAY, STE 1145
POMPANO BEACH FL 33062

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

W. H. REEVES

REGISTERED AGENT MUST SIGN

Date

Nov 4, 2003

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.

(775) 852-3222 • Fax 852-755

Email: jholmes777@aol.com

(775) 852-3222

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RA 164 11402