

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

03 NOV -3 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005787

1. Corporation Name

LIFE UNIVERSITY, INC.

Principal Place of Business

1269 BARCLAY CIRCLE  
MARIETTA GA 30060

Mailing Address

1269 BARCLAY CIRCLE  
MARIETTA GA 30060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/2000

5. FEI Number

58-1216007

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CFO	BERRY, WESLEY A	1269 BARCLAY CIRCLE	MARIETTA GA 30060
CEO	BOUTWELL, JOHN T DR. DeSpain, Ben C.	2760 LOUISVILLE ROAD 1269 Barclay Circle	APPLING GA 30802 Marietta, GA 30060
T	DEBONIS, ROBERT J DR.	127 W 79TH STREET # 6	NEW YORK NY 10024
T	GORMAN, SHARON DR.	664 PENN ESTATES	EAST STROUDSBURG PA 18301
T	KLAPP, THOMAS M	4748 WASHTENAW AVE	ANN ARBOR MI 48108
T	NIX, KENNETH O	30 WADDELL STREET	MARIETTA GA 30090

8. Name and Address of Current Registered Agent

THORNTON, KENNETH E  
100 SECOND AVENUE SOUTH  
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300024381893

11/03/03--01071--013 \*\*236.25

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

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:

BEN C. DESPAIN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2003 770-426-2601

Date

Daytime Phone #

CR2ED40 (7/03)