

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000006798

FILED
Mar 18, 2008
Secretary of State

Entity Name: BROOKE LIFE AND HEALTH, INC.

Current Principal Place of Business:

10950 GRANDVIEW
STE. 600
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

10950 GRANDVIEW
STE. 600
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 48-1065317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANTHONY J. ALEXANDER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOWERY, SHAWN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VD () Delete
Name: DEVLIN, DANE
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VS () Delete
Name: GAUGHAN, LISA
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: V (X) Delete
Name: WHIPPLE, BRYAN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEVLIN, DANE
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VD (X) Change () Addition
Name: GARST, KYLE
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VS (X) Change () Addition
Name: WHIPPLE, BRYAN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANE DEVLIN

PD

03/18/2008

Electronic Signature of Signing Officer or Director

Date