

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -2 AM 10:23

DOCUMENT # F02000005143

1. Corporation Name

ART OF LIVING FOUNDATION CORPORATION

2. Principal Office Address - No P O Box #

88 Sommer LN

Suite, Apt. #, etc.

City & State

Goleta

Zip

CA

Country

Santa Barbara

3. Mailing Office Address

% BALMER NELSON VAN MER

Suite, Apt. #, etc.

PO BOX 368

City & State

FAIRFIELD, IA

Zip

52556

Country

JEFFERSON

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/02

5. FEI Number

77-024101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL FISCHMAN

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

Tilford Buliding I #172

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Michael Fischman

REGISTERED AGENT MUST SIGN

Date 2/11/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Larry Kline	215 E.Eucalyptus St.	Ojai, CA. 93023
C	Dr.Kalpana Singh, MD	239 The Uplands	Berkeley, CA 94705
D/T	Jeffrey Houk	88 Sommar Lane	Goleta, CA 93117
P	Michael Fischman	Tilford Buliding I #172	Deerfield Beach, FL 33442
s	Mary Kunce	7418 Maple Ave	Saint Louis, MO 63143
D	Vikas Chawla	2 Sunny Ct	Somerset, NJ 08873

10. 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 contained in Chapter 119, 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

Michael Fischman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2/11/09 561-367-6005

Date

Daytime Phone #