

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000005087

FILED
Oct 31, 2009
Secretary of State

Entity Name: LIFE STATION, INC

Current Principal Place of Business:

55255 BITTERSWEET RD.
MICHAWAKA, IN 46545

New Principal Place of Business:

55255 BITTERSWEET RD.
MISHAWAKA, IN 46545

Current Mailing Address:

55255 BITTERSWEET RD.
MICHAWAKA, IN 46545

New Mailing Address:

14261 QUEENSIDE STREET
ORLANDO, FL 32824

FEI Number: 35-1784859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROSSWATERS CHURCH
14261 QUEENSIDE ST.
ORLANDO, FL 32824 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: DUANE WILSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERGMAN, DAN
Address: 1757 CRESTWOOD BLVD.
City-St-Zip: SOUTH BEND, IN 46635

Title: S () Delete
Name: WILSON, VICTORIA
Address: 55255 BITTERSWEET RD.
City-St-Zip: MICHAWAKA, IN 46545

Title: T () Delete
Name: WILSON, DUANE
Address: 55255 BITTERSWEET RD.
City-St-Zip: MICHAWAKA, IN 46545

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, DUANE
Address: 55255 BITTERSWEET RD.
City-St-Zip: MICHAWAKA, IN 46545

Title: S (X) Change () Addition
Name: WILSON, VICTORIA
Address: 55255 BITTERSWEET RD.
City-St-Zip: MICHAWAKA, IN 46545

Title: T (X) Change () Addition
Name: SANCHEZ, STEVE
Address: 14261 QUEENSIDE STREET
City-St-Zip: ORLANDO, FL 32824

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE WILSON

P

10/31/2009

Electronic Signature of Signing Officer or Director

Date