PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 OCT -6 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000000453

CR2E081 (11/10)

1. Corporation Name

LIFE FOR RELIEF AND DEVELOPMENT, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17300 W 10 Mile Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Southfield ,MI	
Zip / Country	Zip / Country
48075 / Oakland	

4. Date Incorporated or Qualified To Do Business in Florida
01/01/2016

5. FEI Number
95-4402149 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc

City / State / Zip Code
Tallahasse / FL / 32301

100291012751

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 _____ Courtney Williams, Asst. V.P. Date 10-06-2016

REGISTERED AGENT MUST SIGN

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
CEO	Khalid Turaani	17300 W 10 Mile Rd	Southfield,MI 48075
COO	Ahmed Ismail	17300 W 10 Mile Rd	Southfield,MI 48075
Chirmar	Dr. Abdulwahab Asamarai	17300 W 10 Mile RD	Southfield,MI 48075
	Dr.Hany Saqr	17300 W 10 Mile Rd	Southfield,MI 48075

10. E-mail Address: aaburahmeh@lifeusa.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 10/5/2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 321254 7888616

AUTHORIZATION :

COST LIMIT : $236.25

ORDER DATE : October 6, 2016

ORDER TIME : 1:20 PM

ORDER NO. : 321254-005

CUSTOMER NO: 7888616

REINSTATEMENT

NAME: LIFE FOR RELIEF AND DEVELOPMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____