FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000000385

1. Corporation Name
ETERNAL LIFESTYLE, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2626 DELMAR PLACE	2626 DELMAR PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/2012

5. FEI Number: 454126739 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ($6.75 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. BOX Number(S) Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

MAY 30 2014

L. SELLERS

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: _____ Date: 5/23/2014

REGISTERED AGENT MUST SIGN Jordan Brown Assistant Secretary

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
DPST	LOUIS D PAOLINO, JR	2626 DELMAR PLACE	FT. LAUDERDALE, FL 33301

REINSTATEMENT 2013-2014

10. E-mail Address: denise@lp100.com
(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: _____ 5/23/14
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMO OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
ETERNAL LIFESTYLE, INC.

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