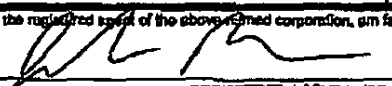


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14 MAY 27 PM 2:54

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 # 2626 DELMAR PLACE			3. Mailing Office Address 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	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	7.75 Application 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 is not acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, etc.					
City PLANTATION				State FL	Zip Code 33324
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0805 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)					
Title	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: denisc@plano.com (It's best used for future annual report applications)					
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.617.155, F.S.					
SIGNATURE: 				Date 5/23/14	
PRINTED AND SIGNED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					

Division of Corporations

Page 1 of 1

2

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
ETERNAL LIFESTYLE, INC.**

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