

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV 22 AM 10:05

DOCUMENT # **F99000006637**

1. Corporation Name

**LIFECLINIC.COM CORPORATION**

Principal Place of Business

Mailing Address

P.O. BOX 97013  
 REDMOND WA 98073-9713

P.O. BOX 97013  
 REDMOND WA 98073-9713



**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

91-2009270

Not Applicable

Zip

Country

Zip

Country

98073-9713 KING

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPD	LOMBARDI, CARL A	15220 NE 40TH ST.	REDMOND VA 98073
VD	RICHMAN, JAMES A	15220 NE 40TH ST.	REDMOND VA 98073
VSD	DEFELICE, EUGENE V	15220 NE 40TH ST.	REDMOND VA 98073
			800003493268--3 -12/11/00--01035--001 ****750.00 ****750.00
			BR 12/5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT-CORPORATION-SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

*James A. Richman*  
 REGISTERED AGENT MUST SIGN

Date 11/17/2002

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., 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 under section 119.07(3)(i), 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:

*James A. Richman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 James A. Richman

11/14/00 425-882-3700  
 Date Daytime Phone #

CR2E40 (8/00)