

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000019479

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008810922
11/05/02--01095--007 **155.00

0004869 01 FP 0.352 **PRSRT T5 0 0615 33607-584636
LIFELEAD INTERNATIONAL, LLC
7036 TRYSAIL CIRCLE
TAMPA FL 33607-5846



1. DOCUMENT # L01000019479
Name and Mailing Address

2. New Mailing Address 3740 Longship Place City, State, Zip Tampa, FL 33607		4. State/Country of Formation FL	
Principal Place of Business 7036 TRYSAIL CIRCLE TAMPA FL 33607		5. Date Organized or Qualified To Do Business in Florida 11/13/2001	
3. New Principal Place of Business Address 3740 Longship Place City, State, Zip Tampa, FL 33607		6. FEI Number 62-1872421 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent POOLE, WILLIAM 7036 TRYSAIL CIRCLE TAMPA FL 33607		9. Name and Address of New Registered Agent Name William Poole Street Address (P.O. Box Number is Not Acceptable) 3740 Longship Place City Tampa State FL Zip Code 33607	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **William C. Poole** Date **11/1/02**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	William Poole	3740 Longship Place	Tampa, FL 33607
	Managing Member		
	MGRM		

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **William C. Poole** Date **11/1/02** Daytime Phone # **813-282-4557**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)