

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12937

1. Corporation Name

LifeTex Southeast, Inc

325 Sylvan Blvd
325 Sylvan Blvd

2. Principal Office Address
325 Sylvan Blvd

3. Mailing Office Address
325 Sylvan Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, Florida

City & State

Winter Park, Florida

Zip

32789

Country

USA

Zip

32789

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 8/17/89

5. FEI Number
59-2972494

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Michael L. Gray

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

325 Sylvan Blvd.,

Suite, Apt. #, Etc.

City

Winter Park,

State

FL

Zip Code

32789

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

Michael L. Gray

REGISTERED AGENT MUST SIGN

Date November 8, 2004

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
DP	Michael L. Gray	325 Sylvan Blvd.,	Winter Park, Fla., 32789
DS	Wendy P. Gray	325 Sylvan Blvd.,	Winter Park, Fla., 32789

10. 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:

Wendy P. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/04

407 644 5286

Daytime Phone #

CR2E081 (01/04)