

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

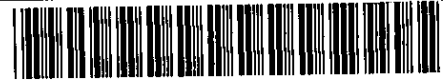
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1. DOCUMENT # L97000000785

Name and Mailing Address

0004395 01 FP 0.352 **PRSR T4 0 0615 33434-353913

LIFE ENHANCEMENT CONSULTANTS, L.C.
6797 WILLOW WOOD DR. #6063
BOCA RATON FL 33434-3539



(561) 852-8180

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6797 WILLOW WOOD DR. #6063 BOCA RATON FL 33434		5. Date Organized or Qualified To Do Business in Florida 07/22/1997	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0757201	
8. Name and Address of Current Registered Agent MILLER, HAROLD O 7350 SOUTH TAMiami TRAIL, SUITE 210 SARASOTA FL 34231		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: S02210902197 Street Address (P.O. Box Number is Not Acceptable): 07/25/02 90128 022 City: FL Zip Code: 50.00			
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: H Mandelbaum Date: 11/7/02 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
MGRM	MANDELBAUM, HELEN	7350 SOUTH TAMiami TRAIL, SUITE 210	SARASOTA FL 34231
MGRM	LIFE ENHANCEMENT TRUST	7350 SOUTH TAMiami TRAIL, SUITE 210	SARASOTA FL

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

Date

Daytime Phone #

(561) 852-8180