

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

01 OCT 22 PM 6:12

DOCUMENT # N00000001346

1. Corporation Name

LIFE IMPROVEMENT, INC.

Principal Place of Business

2032 N DIXIE HWY
WEST PALM BEACH FL 33407

Mailing Address

2032 N DIXIE HWY
WEST PALM BEACH FL 33407



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. N/A

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. N/A

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/2000

5. FEI Number

65-0996040

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ESTIVERNE, JEAN	431 49 ST APT 1	WEST PALM BEACH FL 33407
TD	CHERY, LINDA	516 N. 5TH ST., APT. #2	LANTANA FL 33462
SD	AUDESTIN, DIEULINE	605 S. 12TH STREET	LANTANA FL 33462

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8. Name and Address of Current Registered Agent

NAVAL, LENESE P
2032 N DIXIE HWY
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name JEAN-CHARLES ESTIVERNE
Street Address (P.O. Box Number is Not Acceptable)
2034 N. Dixie HWY.
Suite, Apt. #, Etc.
City West Palm Beach State FL Zip Code 33407

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date

AD
10-15-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-01