PLEASE READ ALL INSTRUCTIONS BEFORE CON

FILED
May 01, 2003 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002301

1. Corporation Name
CROWN OF LIFE, INC

REINSTATEMENT

01-03

2. Principal Office Address	3. Mailing Office Address
727 Tuxford DRive	727 Tuxford DRive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34232 Country: Sarasota	Zip: 34232 Country: Sarasota

4. Date Incorporated or Qualified To Do Business in Florida: April 6, 2000

5. FEI Number: 65-1002446 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Keith C. Powell

500019827925
04/29/03--01093--004 **358.75

Street Address (P.O. Box Number is Not Acceptable): 727 Tuxford DR. Sarasota, FL 34232

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34232

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: [signature] REGISTERED AGENT MUST SIGN Date: 4-30-03

CR2E081 (10/02)

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
P/S/T	Keith C. Powell	727 Tuxford DR	Sarasota, FL 34232
D	Karen A. Powell	727 Tuxford DR	Sarasota, FL 34232
D	Robert Prestia	15732 Wilson RD	Sarasota, FL 34240

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: [signature] Keith Powell 4-30-03 941-377-5922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #