

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W07000061074

FILED

2007 DEC 31 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00000000 2958

1. Corporation Name

**Light of Life Consultants, Inc.**

2. Principal Office Address - No P.O. Box #

1601 West Miller Street

3. Mailing Office Address

1601 West Miller Street

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

Orlando, FL.

City & State

Orlando, FL.

Zip

32805

Country

USA

Zip

32805

Country

USA

CR2E081 (1/07)

03-07

4. Date Incorporated or Qualified  
To Do Business in Florida

4/21/2000

5. FEI Number

651014731

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  
**Lecia J. Gray**

Street Address (P.O. Box Number is Not Acceptable)  
**1601 West Miller Street**

Suite, Apt. #, Etc.

n/a

City  
**Orlando**

State  
**FL**

Zip Code  
**32805**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Lecia J. Gray*

REGISTERED AGENT MUST SIGN

Date *12/18/07*

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	Ms. Jeannie (Gilbert) Mack	1500 N. Congress Ave.	West Palm Beach/FL/33401
S	Ms. Jana Shiffert	2449 Waterside Circle	Lake Worth/FL/33461
T	Ms. Delores Robinson	867 Azalea Drive	Royal Palm Beach/FL/33411
D	Gray, Lecia J	1601 W Miller St.	Orlando FL 32805
REINSTATEMENT			
2003-07			
900113336319			
12/21/07--01009--020 ***315.00			

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 contained in Chapter 119, 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

*Lecia J. Gray, Director* 12/18/07 407/8415661

Date

Daytime Phone #