

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000002844*

1. Corporation Name

High Five Life Development

2. Principal Office Address ~~#120~~

2113 Johnson Street

Suite, Apt. #, etc.

#120

City & State

Pembroke Pines, FL

Zip

33029

Country

3. Mailing Office Address

2113 Johnson Street

Suite, Apt. #, etc.

#120

City & State

Pembroke Pines, FL

Zip

33029

Country

REINSTATEMENT *01-04*

4. Date Incorporated or Qualified
To Do Business in Florida

4-27-2000

5. FEI Number

651023345

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LaTessa Hall

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

3061 SW 189th Terrance

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

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

LaTessa Hall

REGISTERED AGENT MUST SIGN

Date

10/29/04

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
<i>D</i>	<i>WAYNE LOMAX</i>	<i>2105 SW 166 Ave</i>	<i>Miramar, FL 33027</i>
<i>D</i>	<i>Bobby Hall</i>	<i>16280 SW 14th St</i>	<i>Pembroke Pines, FL 33027</i>
<i>D</i>	<i>TERESA LOMAX</i>	<i>2105 SW 166 Avenue</i>	<i>Miramar, FL 33027</i>

200042696332

*11/12/04--01057--005 **420.00*

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 under section 119.07(3)(l), 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:

Wayne Lomax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04

Date

954-447-0179

Daytime Phone #

CR2E081 (01/04)