

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000005497

Entity Name: WINGS FOR LIFE, INC.

FILED
Jun 07, 2006
Secretary of State

Current Principal Place of Business:

5915 BENJAMIN CTR DR
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5915 BENJAMIN CTR DR
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3662308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER ST
SUITE 1800
TALLAHASSEE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID J. HULL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WEAVER, ROBERT
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

Title: PD () Delete
Name: STANDER, O.B.
Address: 5415 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: STD () Delete
Name: MANN, NATALIE
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

Title: TD (X) Change () Addition
Name: GRIFFIN, BILL
Address: 5415 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: SD (X) Change () Addition
Name: ESTREN, JUDY
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O.B. STANDER

CD

06/07/2006

Electronic Signature of Signing Officer or Director

Date