

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006600

1. Corporation Name

LIFTING OUR VALUES INC.

11696 LAUREL VALLEY CIRCLE
SAME

2. Principal Office Address

11696 LAUREL VALLEY CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FLORIDA

City & State

Zip

33414

Country

USA

Zip

Country

REINSTATEMENT 02-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-1137425

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

Michelle Armstrong
Street Address (P.O. Box Number is Not Acceptable)
11696 Laurel Valley Cir.
Suite, Apt. #, Etc.

City

Wellington

800042930828
11/22/04--01066--022 ***36.50

State
FL

Zip Code

33414

ART 11/29

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

11/16/04

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
D	Michelle Armstrong	11696 Laurel Valley Cir.	Wellington, FL 33414
D	Stuart Armstrong	"	"
D	Carol Ba	3783 Dogwood Ave	Palm Beach Gardens, FL 33410
D	Donald Ba	"	"
D	Steven Ba	3 Teal Ct.	Greensboro, NC 27433
D	David Ba	900 N. Ingo St	Rosemead, CA 93555

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/04 (817) 722-4757
Date Daytime Phone #

CR2E081 (01/04)