

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -6 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO10000007440

1. Corporation Name

Restoration Life Min. Inc.

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

16311 E Bunches Rd

Suite, Apt. #, etc.

City & State

MIA FLA

Zip

33054

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

14-1695594

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

KEVIN LEE

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

2721 S.W. 88th AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

☐ 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

REGISTERED AGENT MUST SIGN

Date

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	KEVIN LEE	2721 S.W. 88th Ave Mir	Miramar FL 33015
D	Willie Maxwell	6900 N.W. 28 Ave	MIA. FLA 33147
S	Sheila Williams-Lee	2721 S.W. 88th Ave.	Miramar FLA. 33015

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:

Kevin Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/07 (786) 319-7552

Date

Daytime Phone #

XC 12/10