

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900158206909
07/07/09--01019--014 **481.25

D. CONNELL OCT 26 2009

REINSTATEMENT 06-09
CR2E081 (12/08)

DOCUMENT # N02000009285

1. Corporation Name

The Fight For Life Foundation, Inc.

2. Principal Office Address - No P.O. Box #
12168 SW 51 Place

3. Mailing Office Address
12168 SW 51 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cooper City, FL

City & State
Cooper City, FL

Zip
33330

Country
USA

Zip
33330

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/27/02

5. FEI Number
81-0607351

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
Georgia Robinson, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3500 N. SLD 7, Suite 437

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33319

☐ 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

6/29/09

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/P	Pedro Rico	12168 SW 51 Place	Cooper City, FL 33330
D	Luis Lagerman	900 West Ave., Apt 1105	Miami Beach, FL 33193
D	Victor Sanchez	8800 N.W. 14th Street	Pembroke Pines, FL 33024

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:

Pedro Rico / PEDRO RICO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/09

Daytime Phone #

(754) 422-1713