

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 14 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700108375767
08/21/07 -01026--025 **358.75

DOCUMENT # N03000000583

1. Corporation Name

Life & Health foundation, Inc.

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

14243 SW 62nd ST

Suite, Apt. #, etc.

City & State

Miami, Florida.

Zip

33183

Country

U.S.

3. Mailing Office Address

P.O. BOX 160083

Suite, Apt. #, etc.

City & State

Miami, Florida.

Zip

33116

Country

U.S.

REINSTATEMENT
CR2E081 (1/07)

05-07

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

5. FEI Number

200627287

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

Alberto J. Rodriguez.

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

14243 SW 62nd ST

Suite, Apt. #, Etc.

City

Miami.

State

FL

Zip Code

33183.

☐ 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

Date 08/13/07.

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
President	Alberto J. Rodriguez.	14243 SW 62 nd ST.	Miami, FL 33183
Director	ANAY MANTRANA.	14243 SW 62 nd ST	Miami, FL 33183.
Director	GLADYS DIAZ.	14243 SW 62 nd ST	Miami, FL 33183.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/07.

Date

Daytime Phone #

AUG 14 2007