


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div style="text-align: center;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: center; font-size: 1.2em;">08 MAR 26 AM 8:46</div> <div style="text-align: center; font-size: 1.2em;">400121354694</div> <div style="text-align: center;">03/26/08--01037--017 **481.25</div> <div style="text-align: center; margin-top: 20px;">CR2E081 (12/07)</div>																												
<b>DOCUMENT #</b> N03000003986																														
<b>1. Corporation Name</b> Help us save life inc,																														
<b>2. Principal Office Address - No P.O. Box #</b> 5207 SW 183rd Ave <small>Suite, Apt. #, etc.</small> N/A <small>City &amp; State</small> Miramar, FL <table style="width: 100%;"><tr><td style="width: 33%;"><small>Zip</small> 33023</td><td style="width: 33%;"><small>Country</small> Broward</td></tr></table>		<small>Zip</small> 33023	<small>Country</small> Broward	<b>3. Mailing Office Address</b> 5207 SW 183rd Ave <small>Suite, Apt. #, etc.</small> N/A <small>City &amp; State</small> Miramar, FL <table style="width: 100%;"><tr><td style="width: 33%;"><small>Zip</small> 33029</td><td style="width: 33%;"><small>Country</small> FL</td></tr></table>	<small>Zip</small> 33029	<small>Country</small> FL																								
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<b>7. Name and Address of Current Registered Agent</b> <table style="width: 100%;"><tr><td colspan="3"><small>Name</small> Patrick Joseph</td></tr><tr><td colspan="3"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 5207 SW 183rd Ave</td></tr><tr><td colspan="3"><small>Suite, Apt. #, Etc.</small> N/A</td></tr><tr><td style="width: 40%;"><small>City</small> Miramar, FL</td><td style="width: 10%;"><small>State</small> FL</td><td style="width: 50%;"><small>Zip Code</small> 33029</td></tr></table>		<small>Name</small> Patrick Joseph			<small>Street Address (P.O. Box Number is Not Acceptable)</small> 5207 SW 183rd Ave			<small>Suite, Apt. #, Etc.</small> N/A			<small>City</small> Miramar, FL	<small>State</small> FL	<small>Zip Code</small> 33029	<b>4. Date Incorporated or Qualified To Do Business in Florida</b>  <b>5. FEI Number</b> <table style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;"><small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small> <input checked="" type="checkbox"/></td></tr></table> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>  <input type="checkbox"/> 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.		<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small> <input checked="" type="checkbox"/>														
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<b>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.</b> <table style="width: 100%;"><tr><td style="width: 60%;"><small>Signature of Registered Agent</small> _____</td><td style="width: 40%;"><small>Date</small> 03/14/2008</td></tr></table> <div style="text-align: center; margin-top: 5px;"><b>REGISTERED AGENT MUST SIGN</b></div>			<small>Signature of Registered Agent</small> _____	<small>Date</small> 03/14/2008																										
<small>Signature of Registered Agent</small> _____	<small>Date</small> 03/14/2008																													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Vogue! Noel</td><td>3015 E FERN ST</td><td>TAMPA FL 33610</td></tr><tr><td>VP</td><td>Patrick Joseph</td><td>5207 SW 183rd Ave</td><td>Miramar, FL 33029</td></tr><tr><td>T</td><td>Walter Dennis</td><td>17584 SW 29 LN</td><td>MIRAMAR FL 33029</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Vogue! Noel	3015 E FERN ST	TAMPA FL 33610	VP	Patrick Joseph	5207 SW 183rd Ave	Miramar, FL 33029	T	Walter Dennis	17584 SW 29 LN	MIRAMAR FL 33029												
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<b>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.</b>																														
<b>SIGNATURE:</b> <u>Patrick Joseph</u> <b>PATRICK JOSEPH</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div><b>3/18/08</b> <small>Date</small></div><div><b>(786) 351-8154</b> <small>Daytime Phone #</small></div></div>																												