

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006175

1. Entity Name
THE LIFE CENTER UPC, INC.



FILED

08 FEB -8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
734 62ND AVE N
ST PETERSBURG, FL 33702

Mailing Address
734 62ND AVE N
ST PETERSBURG, FL 33702

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
59-2469582

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDIX, MATTHEW J
734 62 AVE N
ST PETERSBURG, FL 33702

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Matthew J Maddix

(NOTE: Registered Agent signature required when reinstating)

2/5/08

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MADDIX, MATTHEW
500 TRINITY LANE, APT. 8209
ST. PETERSBURG, FL 33716 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUNNINGHAM, JACK
600 HAPPY ACRES RD.
CHESAPEAKE, VA 23323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000117625640
02/08/08--01035--001 **131.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VARNUM, JAMES
12281 SE 56 TER
BELLEVIEW, FL 34420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew J Maddix

2/5/08

Date

727-522-1002

Daytime Phone #

rc 2/11