

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 AUG 18 P 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500184253845

08/11/10--01021--001 \$4306.25

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 4/15/2005

5. FEI Number 201092614 ☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

500184253845
08/19/10--01002--014 **61.25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000002837

1. Corporation Name

Strategies 4 Life

~~1110000037885~~

2. Principal Office Address - No P.O. Box #
2658 Verandah Vue Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State

Zip Country
33812 USA

Zip Country

7. Name and Address of Current Registered Agent

Name
Howe D. Whitman

Street Address (P.O. Box Number is Not Acceptable)
3067 Grasslands Drive

Suite, Apt. #, Etc.

City State Zip Code
Lakeland FL 33803

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

Howe D. Whitman
REGISTERED AGENT SIGN

Date 8/10/2010

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	Howe D. Whitman	3067 Grasslands Drive	Lakeland, FL 33803
D	Jay Dennis	2658 Verandah Vue Dr	Lakeland, FL 33812
D	Neill B Faucett	562 Dodd-Faucett Path	Dallas, GA 30132

REINSTATEMENT

08-10
JAY

10. E-mail Address: JAYDENNISS4L@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

JAY DENNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2010 (863) 619-7946
Date Daytime Phone #