

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000001305</b> 1. Entity Name <b>LIFESTYLE COMMUNITY RESOURCES, INC.</b>						FILED 07 OCT 16 AM 9:23 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2149 ACACIA STREET NE PALM BAY, FL 32905</b>				Mailing Address <b>2149 ACACIA STREET NE PALM BAY, FL 32905</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>43-2060052</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <del>LINDSAY LILY</del> <b>2149 ACACIA STREET NE PALM BAY, FL 32905</b>				7. Name and Address of New Registered Agent Name <b>Veronica Charles</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City <b>FL</b> 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 <i>Veronica Charles</i> Signature, typed or printed name of registered agent and title if applicable.				<i>Veronica Charles, President</i> (NOTE: Registered Agent signature required when reinstating)			
DATE <b>10-9-07</b>				DATE			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CHARLES, VERONICA</b> <b>2149 ACACIA ST NE</b> <b>PALM BAY, FL 32905</b> <input type="checkbox"/> Delete			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				VP <b>ANDERSON, REGINA</b> <b>1880 BLUE HERON DRIVE</b> <b>MELBOURNE, FL 32940</b> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				S <b>PROSSER, JO ANN</b> <b>837 HANAU AVE NW</b> <b>PALM BAY, FL 32907</b> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				CPA <b>BROODIE, THEO</b> <b>P.O. BOX 8398</b> <b>ST. CROIX, VI 00823</b> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				AT <b>CAREY, ROSEMARY</b> <b>2595 HAMLIN ST. NE</b> <b>PALM BAY, FL 32905</b> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				OM <b>CAREY, WENTWORTH</b> <b>2595 HAMLIN ST. NE</b> <b>PALM BAY, FL 32905</b> <input type="checkbox"/> Delete			
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<b>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.</b>							
<b>SIGNATURE:</b> <i>Veronica Charles</i> <b>Veronica Charles, Pres.</b> <b>10-9-07</b> <b>321951-3157</b>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							