2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010864

Name: Address:

City-St-Zip:

1282 WHIMBREL RD.

WELLINGTON, FL 334145048

FILED Dec 12, 2006 Secretary of State

Entity Name: LIFEASSIST FOUNDATION INC. **Current Principal Place of Business: New Principal Place of Business:** 702 S. PALM WAY LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** 702 S. PALM WAY LAKE WORTH, FL 33460 FEI Number: 04-3837362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARK THOMAS, PAMELA 702 S. PALM WAY LAKE WORTH, FL 33460 US 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. SIGNATURE: PAMELA STARK THOMAS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STARK THOMAS, PAMELA Name: Name: Address: 702 S. PALM WAY Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition Name: APELIAN, CLOVER B. Name: Address: 2677 S. OCEAN BLVD., STE. 4C Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, JONATHAN W.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PAMELA STARK THOMAS PT 12/12/2006