

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003025

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Entity Name:** POSSIBILITIES IN LIFE SHARING, INC.

**Current Principal Place of Business:**

6101 HANCOCK RD.  
SW RANCHES, FL 33330

**New Principal Place of Business:**

1802 LIVE OAK DRIVE NORTH  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

6101 HANCOCK RD.  
SW RANCHES, FL 33330

**New Mailing Address:**

1802 LIVE OAK DRIVE NORTH  
ROCKLEDGE, FL 32955

**FEI Number:** 20-4591800      **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:**

ARAUJO, ADRIANA R  
6101 HANCOCK RD.  
SW RANCHES, FL 33330      US

**Name and Address of New Registered Agent:**

ARAUJO, ADRIANA R  
1802 LIVE OAK DRIVE NORTH  
ROCKLEDGE, FL 32955      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: ADRIANA ARAUJO

10/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ARAUJO, ADRIANA R  
Address: 6101 HANCOCK RD.  
City-St-Zip: SW RANCHES, FL 33330

Title: D      ( ) Delete  
Name: PRESTI, FRANCESCA  
Address: 10511 SW 50TH ST.  
City-St-Zip: COOPER CITY, FL 33330

Title: D      ( ) Delete  
Name: RYCHLAK, CLAUS  
Address: 6101 HANCOCK RD.  
City-St-Zip: SW RANCHES, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: ARAUJO, ADRIANA R  
Address: 1802 LIVE OAK DRIVE NORTH  
City-St-Zip: ROCKLEDGE, FL 32955

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: RYCHLAK, CLAUS  
Address: 1802 LIVE OAK DRIVE NORTH  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CLAUS RYCHLAK

D

10/21/2009

Electronic Signature of Signing Officer or Director

Date