

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001406

**FILED**  
**Oct 06, 2009**  
**Secretary of State**

**Entity Name:** PHYSICAL FOUNDATIONS FOR LIFE, INC.

**Current Principal Place of Business:**

5422 CARMEN AVE.  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1519  
TALLEVAST, FL 34270

**New Mailing Address:**

**FEI Number:** 20-8417751      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SMITH, JAMI  
5422 CARMEN AVE.  
SARASOTA, FL 34235      US

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

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: JAMI SMITH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SMITH, JAMI  
Address: 5422 CARMEN AVE.  
City-St-Zip: SARASOTA, FL 34235

Title: VP      ( ) Delete  
Name: SMITH, CHINA JR.  
Address: 5422 CARMEN AVE.  
City-St-Zip: SARASOTA, FL 34235

Title: D      ( ) Delete  
Name: DRISCOLL, TONY  
Address: 421-A ST AUGUSTINE CIR STE 472  
City-St-Zip: SARASOTA, FL 34236

Title: D      ( ) Delete  
Name: HANSEN, HANS  
Address: 1883 RITA ST  
City-St-Zip: SARASOTA, FL 34231

Title: D      ( ) Delete  
Name: LEVINE, RICHARD  
Address: 5533 MARQUESAS CIR  
City-St-Zip: SARASOTA, FL 34233

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

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

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

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

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

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

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: JAMI SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/06/2009

\_\_\_\_\_  
Date