

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005585

FILED
Jan 09, 2009
Secretary of State

Entity Name: LIFE-EQUIPPING CENTERS INTERNATIONAL, INC.

Current Principal Place of Business:

18440 US HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

4009 EAST ORANGE AVE
EUSTIS, FL 32736

New Mailing Address:

18440 US HIGHWAY 441
MOUNT DORA, FL 32757

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, NANCY L
4009 EAST ORANGE AVE
EUSTIS, FL 32736 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: NANCY L. WRIGHT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, NANCY L
Address: 4009 EAST ORANGE AVE
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: WRIGHT, JOHN D
Address: 4009 EAST ORANGE AVE
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: BEHR, DEBORAH
Address: 4009 EAST ORANGE AVE
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: CROOKS, MARILYN
Address: 4009 EAST ORANGE AVE
City-St-Zip: EUSTIS, FL 32736

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:

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: NANCY L. WRIGHT

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date