

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN 10 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000009665

1. Corporation Name

This Is Your, Life, Inc

2. Principal Office Address - No P.O. Box #

1357 Sandy Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Same

Zip

33755

Country

USA

Zip

Same

Country

4. Date Incorporated or Qualified
To Do Business in Florida
09/26/08

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
INACTIVE

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Alvivan Pearson

Street Address (P.O. Box Number is Not Acceptable)

911 Eldridge St.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

700261112147
06/10/14--01019--031 **603.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alvivan Pearson

REGISTERED AGENT MUST SIGN

Date 6-6-14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|----------------------|
| D | Robert L. Wiley | 1357 Sandy Lane | Clearwater, FL 33755 |
| D | Bobbie J. Wiley | 1357 Sandy Lane | Clearwater, FL 33755 |
| S | Alvivan Pearson | 911 Eldridge St. | Clearwater, FL 33755 |
| | | | |
| | JUN 11 2014 | | |
| | L. SELLER | | |

REINSTATEMENT

08-14

10. E-mail Address: alvivanp@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Alvivan Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-14

Date

727-602-7809

Daytime Phone #