

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010819

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: LOVE YOUR LIFE FOUNDATION, INC.

## Current Principal Place of Business:

914 ALMOND TREE CIRCLE  
ORLANDO, FL 32835

## New Principal Place of Business:

4040 MISTY MORNING PLACE  
CASSELBERRY, FL 32707

## Current Mailing Address:

914 ALMOND TREE CIRCLE  
ORLANDO, FL 32835

## New Mailing Address:

4040 MISTY MORNING PLACE  
CASSELBERRY, FL 32707

FEI Number: 26-1516300      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:

EDMONDS, STEPHANIE  
914 ALMOND TREE CIRCLE  
ORLANDO, FL 32835      US

## Name and Address of New Registered Agent:

MCCRACKEN, KEITH  
4040 MISTY MORNING PLACE  
CASSELBERRY, FL 32707      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: KEITH MCCRACKEN

06/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MCCRACKEN, KEITH  
Address: 4040 MISTY MORNING PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D      ( ) Delete  
Name: FENDLEY, TOM  
Address: 1001 LAVA COVE  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: BRICE, BELINDA  
Address: 612 MAPLE OAK CIRCLE 108  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## 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:

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: KEITH MCCRACKEN

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date