

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003752

FILED
Apr 03, 2013
Secretary of State

Entity Name: THE LIFESTYLE HEALTH FOUNDATION INC.

Current Principal Place of Business:

STATE 3069 JOHN HUNT WAY
LIVINGSTONE, SOUTHERN, XX XXXXX ZM

New Principal Place of Business:

1043-26TH STREET
ORLANDO, FL 32805 US

Current Mailing Address:

STATE 3069 JOHN HUNT WAY
LIVINGSTONE, SOUTHERN, XX XXXXX ZM

New Mailing Address:

1043-26TH STREET
ORLANDO, FL 32805 US

FEI Number: 26-3947583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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: TINA MAKI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOYO, JOSEPH PASTOR
Address: STATE 3069 JOHN HUNT WAY
City-St-Zip: LIVINGSTONE, SOUTHERN, XX XXXXX ZM

Title: S
Name: MULAHI, DAVID
Address: STATE 3069 JOHN HUNT WAY
City-St-Zip: LIVINGSTONE, SOUTHERN, XX XXXXX ZM

Title: T
Name: MOYO, EVELNYN N
Address: STATE 3069 JOHN HUNT WAY
City-St-Zip: LIVINGSTONE, SOUTHERN, XX XXXXX ZM

Title: D
Name: ARNPRIESTER, NATASHA
Address: 4855 ELAPUENTE AVE
City-St-Zip: PHOENIX, AZ 85044 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH MOYO

P

04/03/2013

Electronic Signature of Signing Officer or Director

Date