PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 29 PM 4:21

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49157

1. Corporation Name

LIFE ENHANCEMENT ASSOCIATION FOR PEOPLE, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2928 WALLCRAFT AVE. | 2928 WALLCRAFT AVE. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA, FLORIDA | City & State: TAMPA, FLORIDA |
| Zip: 33611 Country: United States | Zip: 33611 Country: United States |

4. Date Incorporated or Qualified To Do Business in Florida: MAY 29, 1992

5. FEI Number: 59-3124229 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GEORGE D. HOBAR

Street Address (P.O. Box Number is Not Acceptable): ~~2928 WALLCRAFT AVE.~~ 1600 S. MacDill #501

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: ~~33611~~ 33629

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: George D Hobar Date: 9/15/00
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| P | MARY BREEN | 5840 BELMONT AVE. | DALLAS, TX 75206 |
| D | George D. Hobar | 2928 WALLCRAFT AVE. | TAMPA, FL 33611 |
| D | JIM BYRD | 6950 TOKALON | DALLAS, TX 75214 |
| D | MARIAN BREEN | 8603 AZALEA TRAIL | AUSTIN, TX 78759 |
| | REINSTATEMENT 99-00 | 700003419897---1 -10/10/00--01007--007 ****297.50 ****297.50 | |
| | | JB 10/4/00 | |

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: George D Hobar George D. Hobar 9/15/00 813-254-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E061 (9/96)