

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

00 OCT 18 AM 7:26

DOCUMENT # N95000000705

1. Corporation Name

LOUISIANA LIFESTYLES PRODUCTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/01/00--01054--017

****236.25 ****236.25



Principal Place of Business Mailing Address
4528 MACEACHEN BLVD 4528 MACEACHEN BLVD
B TAMPA FL 34233 TAMPA FL 34233
US US
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3293922	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD PD	KAPACZ, JOSEPH KOPACZ	4528 MACEACCHEN BLVD	SARASOTA FL 34233
SD TD	BORISENKO, L DECOU, JERRY	8085 FAUNRIDGE CIR 137 ALLENS RIDGE DR. E.	TAMPA FL 33610 PALM HARBOR FL 34684
D V	HILDEBRAND, P DAVE	10921 ANNETTE AE	TAMPA FL 33612
DP DS	SYLVESTER, BENNY TRAYCHEFF, JANINE	P.O. BOX 447, 110 JAMES CT.	THONOTOSASSA FL OLDSMAR, FL 34677
DV D	BORISENKO, DAVE GRATZ, DAVID	8085 FAUNRIDGE CIR P.O. BOX 516	TAMPA FL 33610 BAY PINES, FL 33744
D D	SYLVESTER, EDWINA CLODFELTER, RICHARD	P.O. BOX 447 1142 WOODS BROOK DR	THONOTOSASSA FL LARGO, FL 33770

8. Name and Address of Current Registered Agent KOPACZ, J 4528 MACEACHEN BLVD SARASOTA FL 34233		9. Name and Address of New Registered Agent Name REINSTATEMENT 2000 Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Joseph Kopacz FOR THE CO. Date 10/14/00
REGISTERED AGENT MUST SIGN

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., 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: Joseph Kopacz JOSEPH KOPACZ FOR THE CO. Date 10/14/00 Daytime Phone # 941-366-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR