

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 APR -8 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000003973

**1. Corporation Name**

Lifestyle Financial Services, Inc.

**2. Principal Office Address**

3264 Manhattan Ave

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip  
32043

Country  
USA

**3. Mailing Office Address**

3264 Manhattan Ave

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip  
32043

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/07/1998

**5. FEI Number**

59-3521032

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

William H Hutchings

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

3264 Manhattan Ave

Suite, Apt. #, Etc.

City Green Cove Springs

State  
FL

Zip Code  
32043

**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

*William H Hutchings*

REGISTERED AGENT MUST SIGN

Date 03/18/2002

**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	William H Hutchings	3264 Manhattan Ave	Green Cove Springs, FL 32043
D	MyrnalL Hutchings	3264 Manhattan Ave	Green Cove Springs, FL 32043
<del>D</del>	<del>Rachel Y Heselschwerdt</del>	<del>Eaton Road</del>	<del>Green Cove Springs, FL 32043</del>

**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:** *William H Hutchings* William H Hutchings 03/18/02 904-529-8082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)