

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 22 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084581

1. Corporation Name

Fire of Life, Incorporated

2. Principal Office Address

1214-B 17<sup>th</sup> Terrace N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

3. Mailing Office Address

1214-B 17<sup>th</sup> Terrace N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

**REINSTATEMENT 01-05**

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 2000

5. FEI Number

☒ 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

John Lichter

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

3131 12<sup>th</sup> St. N.

Suite, Apt. #, Etc.

900047930159

03/08/05--01019--025 \*\*750.00

City

St. Petersburg

State

FL

Zip Code

33704

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

John Lichter

Date 1/13/05

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
Secretary	<u>Mary Lynch - Lichter</u>	<u>3131 12<sup>th</sup> St. N.</u>	<u>St. Petersburg FL 33704</u>
President	<u>John Lichter</u>	<u>3131 12<sup>th</sup> St. N.</u>	<u>St. Petersburg FL 33704</u>

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)(f), 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:

John Lichter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/05

Daytime Phone #

727 551 0734

CH2E081 (01/04)

2082

1/3/05

Hello,

Please waive the late fees. I didnt receive  
any notices for 2001: <sup>present</sup> There was a change of  
address, Thank you

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Fire of Life President

• John Lichter

New Mailing Address

Fire of Life, Inc.

Attn: John Lichter

1214 B 17<sup>th</sup> Terrace N.

St. Petersburg FL

33704

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