

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000098732

Entity Name: CONNECTED LIVING, INC.

FILED  
Mar 16, 2006  
Secretary of State

## Current Principal Place of Business:

1171 CHEROKEE AVE  
LEHIGH, FL 33936

## New Principal Place of Business:

1511 GRETCHEN AVE S  
SUITE B  
LEHIGH, FL 33971

## Current Mailing Address:

1171 CHEROKEE AVE  
LEHIGH, FL 33936

## New Mailing Address:

1511 GRETCHEN AVE S  
SUITE B  
LEHIGH, FL 33971

FEI Number: 65-1048566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY STE 204  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

BLAIS, DOUGLAS E  
1511 GRETCHEN AVE S  
SUITE B  
LEHIGH ACRES, FL 33971 US

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: DOUGLAS E. BLAIS

03/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLAIS, DOUGLAS E  
Address: 1171 CHEROKEE AVE  
City-St-Zip: LEHIGH, FL 33936

Title: D ( ) Delete  
Name: BLAIS, JANET L  
Address: 1171 CHEROKEE AVE  
City-St-Zip: LEHIGH, FL 33936

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS E. BLAIS

D

03/16/2006

Electronic Signature of Signing Officer or Director

Date