

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000099187

1. Corporation Name

Life Link Systems, Inc.

2. Principal Office Address

2800 Aurora Rd.

3. Mailing Office Address

2800 Aurora Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

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

10/20/2000

5. FEI Number

593697220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 OCT -7 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100023620011
10/07/03--01056--004 **150.00

7. Name and Address of Current Registered Agent

Name

W.A. Henderson

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

2800 Aurora Rd.

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code
32935

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

Date **10/06/2003**

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
D	W.A. Henderson	2800 Aurora Rd.	Melbourne, FL 32903

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:

W.A. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03

Date

321-254-1663

Daytime Phone #

CR2E081 (10/02)

2/10/9




Re: Life Link Systems, Inc. (P00000099187)

Please accept the attached Corporation reinstatement. Due the move of our offices, we never received the original forms to file in a timely fashion. The new documentation reflects the correct address. Per the instructions from your office, I have attached a check for \$150.00.

Thank you for your assistance with this matter.

Regards,


W.A. Henderson
Director