

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:50

DOCUMENT # P00000110516

1. Corporation Name

Life Improvement Through
Education, International, Inc.

2. Principal Office Address

701 Cleveland

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33756

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1913

Suite, Apt. #, etc.

City & State

West Covina, CA

Zip

91793

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 27, 2000

5. FET Number

59-3699751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randy J. Payne

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

701 Cleveland St.

Suite, Apt. #, Etc.

City

Clearwater,

State

FL

Zip Code

33756

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

Randy J. Payne
REGISTERED AGENT MUST SIGN

Date

Dec 30, 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
P	Donald Gum	3111 Los Cerillos Dr.	West Covina, CA 91791
V	István Ferencné	24. Arács St.	Malyi 3434, Hungary
S	Randy Payne	701 Cleveland St.	Clearwater, FL 33756

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:

Donald Gum (Donald Gum)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-01 (626) 967-3293

Date

Daytime Phone #

CR2081 (9/00)