

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013164

1. Corporation Name

SET 4 LIFE, INC.

Principal Place of Business

1834 VENETIA POINT DRIVE
CLEARWATER FL 33755

Mailing Address

1834 VENETIA POINT DRIVE
CLEARWATER FL 33755

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KRESCANKO, ROBERT	1834 VENETIA POINT DRIVE	CLEARWATER FL 33755
D	DEPLANCHE, DAVIA	1834 VENETIA POINT DRIVE	CLEARWATER FL 33755

900008638389
10/28/02--01133--015 **150.00

8. Name and Address of Current Registered Agent

GREENBERG, MARTIN
1318 NELSON AVE
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name ROBERT KRESCANKO
Street Address (P.O. Box Number is Not Acceptable)
1834 VENETIAN POINT DR.
Suite, Apt. #, Etc.

City CLEARWATER

State FL

Zip Code 33755

CFR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

Set for LIFE, Inc.

1834 Venetian Point Drive

Clearwater, Fl. 33755

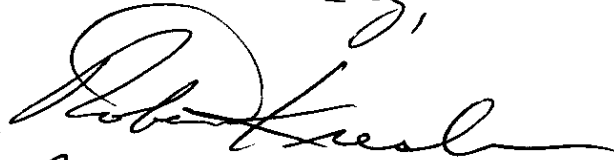
727-443-7117

To Whom it may Concern, 10/23/02

The prior UBR notices
were not recieved by us.

Also the prior registered
agent had moved out of
state so Robert KRESCANCO
will take over,

Sincerely,



ROBERT KRESCANCO



DAVID DEPLANCHE