

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013164

1. Corporation Name
SET 4 LIFE, INC.

Principal Place of Business Mailing Address
1834 VENETIA POINT DRIVE 1834 VENETIA POINT DRIVE
CLEARWATER FL 33755 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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/05/2001	
City & State		City & State		5. FEI Number	
Zip		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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		9. Name and Address of New Registered Agent	
GREENBERG, MARTIN 1318 NELSON AVE CLEARWATER FL 33755		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	

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 #

CFR2E040 (8/02)

Set for LIFE, Inc.

1834 Venetian Point Drive

Clearwater, Fl. 33755

727-443-7117

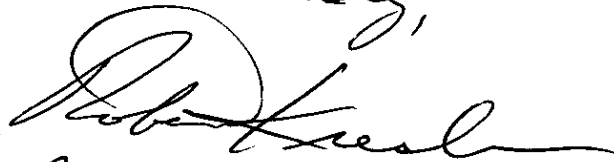
10/23/02

To Whom it may concern,

The prior UBR notices
were not recieved by us.

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

Sincerely,



ROBERT KRESCANKO



DAVIA DEPLANCHE