

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 11 AM 9:37

DOCUMENT #P01000062656

1. Corporation Name

MORE+LIFE INC.

700210963457
08/11/11--01022--001 **402.50

500210963475
08/11/11--01022--002 **1000.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
1121 WAVERLY RD

3. Mailing Office Address
1121 WAVERLY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

US

Zip

33312

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number
651130798

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AARON GORINSTEIN

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

1121 WAVERLY RD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

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 AUGUST 8, 2011

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
VP	AARON GORINSTEIN	1121 WAVERLY RD	FORT LAUDERDALE, FL 33312
P	MAX NEUMAN	SIERRA VERTIENTES #385-6	MEXICO CITY, D.F., 11000

REINSTATEMENT 07-11

10. E-mail Address: morelifeproducts@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

AARON GORINSTEIN

August 8, 2011 954-496-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #