

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000062656

1. Corporation Name

MORE + LIFE, INC.

Principal Place of Business

1805 SAN SOUCI BLVD., #112-A
N. MIAMI FL 33181

Mailing Address

1805 SAN SOUCI BLVD., #112-A
N. MIAMI FL 33181

REINSTATEMENT



800024715408
11/14/03--01074--026 ***150.00

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

2. New Principal Office Address, If Applicable

6011 RODMAN STREET
Suite, Apt. #, etc.
SUITE #205

3. New Mailing Office Address, If Applicable

6011 RODMAN STREET
Suite, Apt. #, etc.
SUITE #205

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

65-1130798

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GORINSTEIN, AARON	1805 SAN SOUCI BLVD., #112-A	N. MIAMI FL 33181
D	PRAES, MAX NEUMAN	SIERRA VERTIENTES 385-6	MAXICO D.F. 11000

8. Name and Address of Current Registered Agent

~~GORINSTEIN, AARON~~
~~1805 SAN SOUCI BLVD., #112-A~~
~~N. MIAMI FL 33181~~
6011 RODMAN STREET
SUITE #205
HOLLYWOOD, FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

X

REGISTERED AGENT MUST SIGN

Date

X 11/03/03

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

Daytime Phone #

X 11/03/03 X 954-322-8089

CR2E040 (7/03)

IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard
North Miami Beach, Florida 33162

Phone: (305) 949-8361
(800) 829-3279
Fax: (305) 956-5131
Email: imber@imberandcompany.com

November 3, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: More + Life, Inc.
Employer ID # 65-1130798


Dear Sir or Madam:

Enclosed please find the Application for Reinstatement and a check for \$150 in payment thereof for the above-referenced taxpayer. We are requesting that you accept the \$150 and not the reinstatement fee for the following reason: Taxpayer's previous address is 1805 San Souci Boulevard, #112-A, North Miami, Florida 33181. The new address is 6011 Rodman Street, Suite #205, Hollywood, Florida 33023. The Company moved and the mail was not forwarded to the new address. As this is the first time this has happened and it is the first year of the Corporation, we would appreciate your acceptance of this payment of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY


Barry A. Imber
Certified Public Accountant

BAI:rcf
Enclosures

cc: Aaron Gorinstein