

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000086671**

1. Corporation Name

Photonlife USA, Inc.

2. Principal Office Address - No P.O. Box #
205 N Missouri St

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip
33755

Country
USA

3. Mailing Office Address
611 Druid Rd, East

Suite, Apt. #, etc.

Suite 403

City & State

Clearwater, FL

Zip
33756

Country
USA

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **12/31/2001**

5. FEL Number
59-3741069

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
Lettau, Kathleen

Street Address (P.O. Box Number is Not Acceptable)
c/o Perfectly Balanced Books, Inc.

Suite, Apt. #, Etc.
611 Druid Rd, East - Suite 403

City
Clearwater

State
FL

Zip Code
33756

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kathleen Lettau
REGISTERED AGENT MUST SIGN

Date **4-22-07**

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
D	Hini, Marcello B	205 N Missouri St	Clearwater, FL 33755
T	Lettau, Kathleen	611 Druid Rd, East - Suite 403	Clearwater, FL 33756
	<i>1/16/12</i>		

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 contained in Chapter 119, 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:

Kathleen Lettau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-07

Daytime Phone #

707-445-9700