

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -4 PH 2:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087830

1. Corporation Name

LIFE CHOICE USA, INC.

2. Principal Office Address

3501-N Ponce De Leon Blvd

3. Mailing Office Address

3501-N Ponce De Leon Blvd

Suite, Apt. #, etc.
351

Suite, Apt. #, etc.
351

City & State

St. Augustine, FL.

City & State

St. Augustine, FL.

Zip
32084

Country
St. John

Zip
32084

Country
St. John

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1136914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
MORERA, ERNEST

Street Address (P.O. Box Number is Not Acceptable)
3501-N Ponce De Leon Blvd

Suite, Apt. #, Etc.
351

City
St. Augustine

State
FL

Zip Code
32084

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

[Signature]

Date 3/31/06

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
Prs	Ernest Morera	3501-N Ponce De Leon Blvd, 351	St. Augustine, FL. 32084
VP	Evelyn Torres	3501-N Ponce De Leon Blvd, 351	St. Augustine, FL. 32084
	<i>[Signature]</i>		

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04/18/06 01043-011 **150.00

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:

[Signature]

Ernest Morera, President

3/31/06

1 (800) 297-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #