

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 20 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097486

1. Corporation Name

Life Enrichment Foundation, Inc.

2. Principal Office Address

134 NW 109th Ave

Suite, Apt. #, etc.

# 201

City & State

Pembroke Pines, Fl.

Zip

33026

Country

Broward

3. Mailing Office Address

320 S. Flamingo Rd.

Suite, Apt. #, etc.

# 129

City & State

Pembroke Pines, Fl.

Zip

33027

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

10-5-2001

5. FEI Number

65-1143838

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

Donna M. Watson

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

320 South Flamingo Road

Suite, Apt. #, Etc.

# 129

City

Pembroke Pines

State

FL

Zip Code

33027

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

Donna Watson

REGISTERED AGENT MUST SIGN

Date

8-18-04

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
P.D.T	Donna M. WATSON	320 S. Flamingo Rd. # 129	Pembroke Pines Florida 33027 300040783303 09/02/04--01053--013 **450.00
V	David A. Sinclair	134 NW 109th Ave. # 201	Pembroke Pines Florida 33026 300040783303 09/02/04--01053--014 **8.75
S	Kaydeann Sinclair	134 NW 109th Ave # 201	Pembroke Pines Florida 33026

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 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:

Donna Watson, DONNA WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-18-04

Daytime Phone #

(954)  
443-1956

CR2E081 (01/04)

**DONNA M. WATSON**

320 S. Flamingo Rd ▪ # 129  
Pembroke Pines ▪ Florida ▪ 33027  
(954) 443-1956

August 18<sup>th</sup>, 2004

Reinstatement Division  
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: LIFE ENRICHMENT FOUNDATION, INC.  
Document # PO 1000097486

Dear Sir / Madam;

We are hereby seeking your kind assistance with the reinstatement of the above corporation.

We did not receive the 2002 Annual Report form due to an address change in which we changed location from Dade to Broward County.

We are therefore requesting that the penalty fees be waived. This would be greatly appreciated.

Please find the attached Money Order in the amount of \$450.00 plus an additional \$8.75 for a Certificate of Status.

Best regards,

  
Donna Watson