

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 10:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000102101**

1. Corporation Name

LIFELINES, INC

Principal Place of Business

707 CURLEW RD
 DELRAY BCH FL 33444

Mailing Address

707 CURLEW RD
 DELRAY BCH FL 33444

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
 To Do Business in Florida

-10/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	BANNON, SHELDIA D	707 CURLEW RD	DELRAY BCH FL 33444
	<i>Sheeldia Bannan</i>		
			000013096400 02/25/03--01065--005 **\$300.00

8. Name and Address of Current Registered Agent

BANNON, JAMES F JR
 707 CURLEW RD
 DELRAY BCH FL 33444

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

James F Bannan Jr
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

2-20-03

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

James F Bannan Jr
 SIGNATURE REQUIRED

2/15/03
 Date

Daytime Phone

561-573-1577
 Daytime Phone

CR2EC40 (8/02)

February 20, 2003

Re: LIFELINES, INC - Document #P01000102101

REINSTATEMENT REQUEST


Per my conversation with your office on February 19, 2003, I submit this letter requesting reinstatement of the above referenced Corporation Name.


I apologize for not understanding the directions. This was new to me. The Corporation did not actually get off the ground as I had hoped. I became unemployed over a year ago and had hoped to start a company providing workshops through referrals from that job. After the layoff from my company, that was not possible.

Please accept my apologies. I am enclosing \$300 as you requested.

You may contact me by email at Jfblr4@aol.com or on my cell phone at: 561-573-4877.

Thank you,


James F. Bannon, Jr.
707 Curlew Road
Delray Beach, FL 33444
561-573-4877 Cell
Jfblr4@aol.com


Shelda D. Bannon
Director

Enclosure: Application for Reinstatement
Check for \$300