

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2001

5. FEI Number

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

D

BANNON, SHELDON D

707 CURLEW RD

DELRAY BCH FL 33444

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/03

Daytime Phone

561-573

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 Jfbjr4@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
Jfbjr4@aol.com


Shelda D. Bannon
Director

Enclosure: Application for Reinstatement
Check for \$300