

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 JAN 15 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109316

1. Corporation Name

Presidential Council on
Lifestyles, Inc.

2. Principal Office Address

P.O. Box 81-1901

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 81-1901

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33481

Country

Palm Beach

Zip

33481

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2001

5. FEI Number

65-1046360

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

Paul Jacobs Attorney at Law

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

1098 N.W. Boca Raton Blvd.

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33432

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]
REGISTERED AGENT MUST SIGN

Date

1/8/03

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
Dir	Alan Mostow	9408 LAKE Serena Drive	Boca Raton, FL 33496
Dir	Dennis Freeland	18044 S.W. 29th Ct.	MIRAMAR, FL 33029

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:

[Signature]

Alan Mostow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/02

Daytime Phone #

954
2572190

CR2001 (R01)