

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO 2000013011*

1. Corporation Name

LONGEVITY STRATEGIES, P.A.

2. Principal Office Address

2500 N. MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

2500 N. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

Country

33431

U.S.A.

Zip

Country

33431

U.S.A.

REINSTATEMENT *03*

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/2002

5. FEI Number

75-2984822

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

DR. JERROLD B GOLDSTEIN

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

2500 N. MILITARY TRAIL

Suite, Apt. #, Etc.

City

BOCA RATON,

State

FL

Zip Code

33431

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

Date

10/10/2003

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
PRESIDENT	DR. JERROLD B GOLDSTEIN	2500 N. MILITARY TRAIL	BOCA RATON, FL. 33431

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]

DR. JERROLD B GOLDSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/2003

Date

561-241-4707

Daytime Phone #