

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -3 AM 10:05

DOCUMENT # P02000019505

1. Corporation Name

Balance for Life Consultants, Inc
6278 N. Federal Highway #456
Fort Lauderdale FL 33308

2. Principal Office Address

Same

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03-04

800034386548

04/28/04--01020--025 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/20/02

5. FEI Number

03-0397892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Troy D. Sutter

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

6278 N. Federal Highway #456

Suite, Apt. #, Etc.

456

City

Fort Lauderdale

State
FL

Zip Code

33308

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

4/10/04

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
Pres	Troy D Sutter	6278 N. Federal Hwy #456	Fort Lauderdale FL 33308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/04

Daytime Phone #

(954) 448 8669

618 MB

CR2E081 (10/02)

Do Not Remove

2/2



May 5, 2004

Justin M. Shivers

The reason for the "cancellation" of BFL Consultants in the first place was because of some mix up with the mailing of the documentation. We never received it.

When I called to inquire of how to remedy this, a representative instructed me to state the situation; I regret that I failed to do so in the initial letter and payment.

She stated that I should only have to pay the original \$150 due the extenuating circumstances.

Thank you for your consideration in this matter.

Feel free to contact me directly at (954) 448-8669 or via fax at (954) 252-4355

Best regards,

A handwritten signature in dark ink, appearing to read 'Troy D. Sutter', is written over a horizontal line.

Troy D. Sutter

President
Balance for Life Consultants, Inc.