2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91218 006 ***150.00 DOCUMENT # P02000036664 1. Entity Name REVIVE-A-LIFE, INC. Principal Place of Business Mailing Address 11005495 8010 SE 131 PŁ LOT 3 8010 SE 131 PL LOT 3 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 2. Principal Place of Business Mailing Adaress Suite, Apt. #, etc "CHECK HERE IF MAKING CHANGES Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required arlon 7. Name and Address of New Registered Agent Name FOSTER, SIDNEY D 8010 SE 131 PL LOT 3 Street Address (P.O. Box Number is Not Acceptable) SUMMERFIELD, FL 34491 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CR2E034 (10/02) TITLE Delete 1ff LE ☐ Change Addition FOSTER, SIDNEY D NAME NAME 8010 SE 131 PL LOT 3 STREET ADDRESS STREET ADDRESS SUMMERFIELD, FL 34491 CITY-ST-ZIP COY-ST-ZIP 31TLE Delete TITLE ☐ Change NAME FOSTER, RICHARD O NAME 8010 SE 131 PL LOT 3 STREET ADDRESS STREET ADDRESS SUMMERFIELD, FL 34491 CDY-ST-2IP CITY-ST-ZP M MLEL Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-2IP CITY-51-2P ☐ Change ☐ Delete TITLE Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

DITLE

NAME STREET ADDRESS

CITY-51-7P

AME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED