1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 DEC -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070033

1. Entity Name
Scents of Life, Co.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2004

2. Principal Place of Business	3. Mailing Address
7307 NW 61 St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, fl	City & State
Zip: 33166 Country	Zip Country

4. FEI Number: 41-2047629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lievano, Jean Paul
Street Address (P.O. Box Number is Not Acceptable): 7307 NW 61st Street
City: Miami FL Zip Code: 33166

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.

400043610994
12/23/04--01031--007 **150.00

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $350.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	Lievano, Amanda Rivas
STREET ADDRESS	7307 NW 61 Street
CITY-ST-ZIP	Miami, fl 33166
TITLE	VPS
NAME	Lievano, Jean Paul
STREET ADDRESS	7307 NW 61 Street
CITY-ST-ZIP	Miami, Fl 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Executed From 8

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **SCENTS OF LIFE, CO.**

Thank you for your courtesy in this matter.

JEAN PAUL LIEVANO
PRESIDENT