2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000109802

Entity Name: LIFE STREAM PROPERTIES INC.

GARVEY, MICHAEL JR.

PLANTATION, FL 33318

POST OFFICE BOX 15965

Name:

Address:

City-St-Zip:

FILED Oct 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 15965 11440 OKEECHOBEE BLVD, #217 PLANTATION, FL 33318 ROYAL PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 15965 11440 OKEECHOBEE BLVD #217 PLANTATION, FL 33318 ROYAL PALM BEACH, FL 33411 FEI Number: 55-0812040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARVEY, MICHAEL G 4182 TRENTON AVENUE COOPER CITY, FL 33026 US 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. SIGNATURE: MICHAEL GARVEY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GARVEY, JEAN Name: Name: POST OFFICE BOX 15965 Address: Address: City-St-Zip: PLANTATION, FL 33318 City-St-Zip: VD Title: Title: () Delete (X) Change () Addition Name: GARVEY, MICHAEL G Name: GARVEY, MICHAEL G POST OFFICE BOX 15965 11440 OKEECHOBEE BLVD, #217 Address: Address: PLANTATION, FL 33318 ROYAL PALM BEACH, FL 33411 City-St-Zip: City-St-Zip: () Delete Title: SD Title: () Change () Addition GARVEY, MARJORIE K Name: Name: POST OFFICE BOX 15965 Address: Address: City-St-Zip: PLANTATION, FL 33318 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL GARVEY RA 10/04/2007