

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000129928

Entity Name: 2 LIVE WELL, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE, FL

New Principal Place of Business:

Current Mailing Address:

8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE, FL

New Mailing Address:

FEI Number: 51-0439389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARO, FRANK A CPA
3601 SE OCEAN BLVD., SUITE 005
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: FRANK FERRARO, CPA

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:

Title: PST () Delete
Name: ROMANO, ANN
Address: 8200 SUNRISE LAKES BOULEVARD
City-St-Zip: SUNRISE, FL

Title: V () Delete
Name: SNYDER, JENNIFER
Address: 839 NANCY WAY
City-St-Zip: WESTFIELD, NJ 07090

Title: D () Delete
Name: SNYDER, RON
Address: 839 NANCY WAY
City-St-Zip: WESTFIELD, NJ 07090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ANN ROMANO

PST

04/29/2005

Electronic Signature of Signing Officer or Director

Date