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04 NOV 18 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-18-04 01059 603 \$ 158.75



**REINSTATEMENT**  
 1012004 01ENLB GRZE098 (6/04) 01

<b>DOCUMENT # P03000004445</b>						<b>FILED</b> 04 NOV 18 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>LIFESTYLES ENTERTAINING, INCORPORATED</b>							
Principal Place of Business <b>19090 NW 57TH AVE., UNIT 201 MIAMI, FL 33015</b>			Mailing Address <b>19090 NW 57TH AVE., UNIT 201 MIAMI, FL 33015</b>			10-18-04 01059 603 \$ 158.75	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>REINSTATEMENT</b>			
City & State		City & State		4. FEI Number <b>04-3733621</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, RINE 19090 NW 57TH AVE., UNIT 201 MIAMI, FL 33015 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Director Loleatha P. White 3001 N.W. 157th Terrace Op9-locka, FL 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, when all other like empowered.							
SIGNATURE: <i>[Signature]</i>				Nov. 1, 04 305-333-8491			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

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November 1, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: *Lifestyles Entertaining, Inc.*  
Ref #: P03000004445

*This letter is a follow-up to my conversation with Tina Roberts this morning in reference to the reinstatement of my company.*

*I am respectfully requesting waiver of the reinstatement fee due to non-receipt of the original/second notice annual report.*

*Thank you in advance.*



Rine Bryant  
Director