2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010756

1. Entity Name
PRIORITY LIFE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -1 PM 2:37

REINSTATEMENT 05

11292005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
17177 NW 23RD ST PEMBROKE PINES, FL 33028	17177 NW 23RD ST PEMBROKE PINES, FL 33028

2. Principal Place of Business	3. Mailing Address
5060 SW 158th Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mirimar, FLa	City & State
Zip: 33027 Country: ~~Brd~~ USA	Zip Country

4. FEI Number: 04-3739769 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTIE, MARC 14001 NW 4TH AVE #307 PEMBROKE PINES, FL 33028	Name: Marc Christie Street Address (P.O. Box Number is Not Acceptable): 5060 SW 158th Ave Mirimar, FL 33027 City: Mirimar **FL** Zip Code: 33027

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

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

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 CHRISTIE, MARC 11926 SW 12TH COURT DAVIE, FL 33325	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Christie, Marc 5000 SW 158th Ave Mirimar, FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000061952340 12/06/05--01008--026 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #