2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000011032

MIAMI, FL 33167

City-St-Zip:

Entity Name: NULIFE ENTREPRENEURS, INC.

FILED Nov 30, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
18520 NW 67TH AVENUE #175 MIAMI, FL 33015			2435 NW 132ND STRE MIAMI, FL 33167	2435 NW 132ND STREET MIAMI, FL 33167	
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
18520 NW MIAMI, FL	/ 67TH AVENU 33015	IE #175	2435 NW 132ND STRE MIAMI, FL 33167	ET	
FEI Number	: 11-3765509	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
18730 NW MIAMI, FL The above			purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: ANNETT	E HOWELL			
	Electron	nic Signature of Registered Ag	jent	Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO (ANTOINE, HOR 2435 NW 132N MIAMI, FL 331	ID STREET	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	,) Delete TOINE, GLORIA ID STREET	Title: (Name: Address:) Change () Addition	

City-St-Zip:

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.

SIGNATURE: HORACE E. ANTOINE CEO 11/30/2007