FILED
09 DEC 30 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300164049533
12/30/09--01018--016 **450.00

DOCUMENT # P06000027674

1. Corporation Name

Wellife Inc.

REINSTATEMENT 08-09
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4431 Occuquan Overlook	4431 Occuquan Overlook
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Woodbridge VA	City & State: Woodbridge VA
Zip: 22192 Country: US	Zip: 22192 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: February 23, 2006

5. FEI Number: 20-4369051 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Patricia Gallagher

Street Address (P.O. Box Number is Not Acceptable): 3990 Minton Road

Suite, Apt. #, Etc.:

City: West Melbourne State: FL Zip Code: 32904

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: P Gallagher Date: 12/18/09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Christina Caratozzolo	4431 Occuquan Overlook	Woodbridge VA 22192
DST	Christina Caratozzolo	4431 Occuquan Overlook	Woodbridge VA 22192
			JC 12/31

10. **E-mail Address:** Afroncorps@aol.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, if otherwise, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Christina Caratozzolo 12/18/09 7035908182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #