


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000056294		
1. Entity Name FRAMEWORKS FOR CONSCIOUS LIVING, INC.		

FILED
07 NOV 20 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 49062 JACKSONVILLE BEACH, FL 32250 US	Mailing Address PO BOX 49062 JACKSONVILLE BEACH, FL 32250 US
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2. Principal Place of Business - No P.O. Box # 446 LORA ST SUITE, Apt. #, etc. NEPTUNE BEACH City & State FLORIDA Zip 32266	3. Mailing Address SUITE, Apt. #, etc. City & State Zip DUVAL
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6. Name and Address of Current Registered Agent FRAME, MICHAEL S 103B 10TH AVENUE NORTH SUITE 7 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name MICHAEL S. FRAME, MA Street Address (P.O. Box Number is Not Acceptable) 446 LORA ST City NEPTUNE BEACH FL Zip Code 32266	
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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.

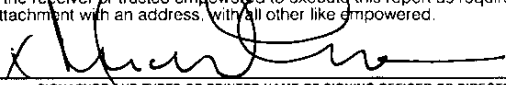
SIGNATURE:  DATE: 30 OCT 2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAME, MICHAEL S PO BOX 49062 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500111587159 11/01/07--01042--004 **150.00
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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 exemptions contained 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 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:  DATE: 30 OCT 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR