

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000088552

Entity Name: VITAL LIFE CORP.

FILED
Nov 02, 2009
Secretary of State

Current Principal Place of Business:

16420 NE. 5TH AVE.
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

16420 NE. 5TH AVE.
MIAMI, FL 33162

New Mailing Address:

FEI Number: 20-5152734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIROZ, ALICIA
210 174 STREET # 609
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALICIA QUIROZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUIROZ, ALICIA
Address: 210 174 STREET # 609
City-St-Zip: SUNNY ISLES, FL 33160

Title: STD () Delete
Name: QUIROZ, ALICIA
Address: 210 174 STREET # 609
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALICIA QUIROZ

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11/02/2009

Electronic Signature of Signing Officer or Director

Date