

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000114898

1. Corporation Name

ALTERNATIVES IN LIFE INC

2. Principal Office Address - No P.O. Box #

4852 S W 173 AVE

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

Zip

33029

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 09/05/2006

5. FEI Number  
20-5516717

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

LISBET CABRERA

Street Address (P.O. Box Number is Not Acceptable)

4852 S W 173 AVE

Suite, Apt. #, Etc.

City

MIRAMAR FLORIDA

State

FL

Zip Code

33029

☐ 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

*Lisbet Cabrera*

Date 09/25/2008

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRS	LISBET CABRERA	4852 S W 173 AVE	MIRAMAR FLORIDA 33029
SD	RAFAEL BOTTA	4852 S W 173 AVE	MIRAMAR FLORIDA 33029

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Lisbet Cabrera*

09/25/2008

(305) 773-1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 20 AM 10:38

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-08

300137073093  
10/20/08--01048--009 \*\*300.00  
CR2E081 (10/08)

September 25, 2008

Department of State  
Division of Corporations  
Tallahassee, Florida 32302-1500

Subject: Alternatives in Life Inc.  
Document # P06000114898

To Whom It May Concern:

Recently we received a notice of intent to dissolve, we never received the annual business report for the 2007 - 2008 year. We apologize for any inconvenience this may have caused. An error occurred in our mailing address which affected all of our correspondence. Our correct address is 4852 S W 173 Ave Miramar, Florida 33029

Thank you very much for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisbet Cabrera', with a stylized, cursive script.

Lisbet Cabrera  
President