

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000155733

Entity Name: LYFE MANAGEMENT GROUP, INC.

FILED  
Sep 20, 2007  
Secretary of State

## Current Principal Place of Business:

5300 NW 33RD AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33309 US

## New Principal Place of Business:

15921 SW 20TH STREET  
MIRAMAR, FL 33027 US

## Current Mailing Address:

5300 NW 33RD AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33309 US

## New Mailing Address:

P.O. BOX 566022  
MIAMI, FL 33256 US

FEI Number: 20-8093462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRAY, JULIEN  
5300 NW 33RD AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

WRAY, JULIEN  
11825 ISLAND LAKES LN  
BOCA RATON, FL 33498 US

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: JULIEN WRAY

09/20/2007

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: P ( ) Delete  
Name: WRAY, JULIEN  
Address: 5300 NW 33RD AVENUE, SUITE 202  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: T ( ) Delete  
Name: WRAY, STEPHANIE  
Address: 5300 NW 33RD AVENUE, SUITE 202  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: S (X) Delete  
Name: WRAY, LAURA  
Address: 5300 NW 33RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WRAY, JULIEN  
Address: P.O. BOX 566022  
City-St-Zip: MIAMI, FL 33256 US

Title: S/T (X) Change ( ) Addition  
Name: WRAY, STEPHANIE  
Address: P.O. BOX 566022  
City-St-Zip: MIAMI, FL 33256 US

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: JULIEN WRAY

P

09/20/2007

Electronic Signature of Signing Officer or Director

Date