

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:26

DOCUMENT # P07000073549

1. Corporation Name

LIFESTYLE COUNSELING INC

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

4285 SW HONEY TERRACE

Suite, Apt. #, etc.

City & State

PALM CITY FL 34990

Zip

34990

Country

US

3. Mailing Office Address

4285 SW HONEY TERRACE

Suite, Apt. #, etc.

City & State

PALM CITY FL 34990

Zip

34990

Country

US

900163183899
11/30/09--01047--003 **150.00
REINSTATEMENT 2009

KS

4. Date Incorporated or Qualified
To Do Business in Florida 6/25/07

5. FEI Number
26-0423242

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TATIANA TARASIOUK

Street Address (P.O. Box Number is Not Acceptable)
4285 SW HONEY TERRACE

Suite, Apt. #, Etc.

City
PALM CITY

State Zip Code
FL 34990

☒ 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

Tatiana T. Tarasiouk

REGISTERED AGENT MUST SIGN

Date 11/20/09

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
P	TATIANA TARASIOUK	4285 SW HONEY TERRACE	PALM CITY FL 34990

10. E-mail Address: TATIANA.TARASIOUK@GMAIL.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. I further certify, 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: ☒

Tatiana T. Tarasiouk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/09

Date

561-596-7581

Daytime Phone #