

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 AUG -6 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07000114020**

1. Corporation Name

PURE LIFE BENEFITS, INC.  
7540 S FEDERAL HWY STE. 104  
LANTANA, FLORIDA 33462

**REINSTATEMENT** 08-10

CR2E081 (6/10)

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

7540 S FEDERAL HWY

Suite, Apt. #, etc

104

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LANTANA, FL

Zip

33462

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-17-07

5. FEI Number

22-3970636

☐ 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

SHADD VICKERY

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

7540 S FEDERAL HWY STE 104

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

700184107497  
08/06/10--01003--016 \*\*1050.00

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

*Shadd Vickery*

Date 8-5-10

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
D	SHADD VICKERY	7540 S FEDERAL HWY #104	LANTANA, FL 33462
D	PATRICK ALBRIGHT	7540 S FEDERAL HWY #104	LANTANA, FL 33462

10. E-mail Address:

(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:

*Shadd Vickery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-10

Date

Daytime Phone #