

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000058502

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** CPR-4-LIFE INCORPORATED

**Current Principal Place of Business:**

5035 EAST BUSCH BOULEVARD  
SUITE # 1B  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5035 EAST BUSCH BOULEVARD  
SUITE # 1B  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 45-4669196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BERRY, NOELIE M  
9707 TRANQUILITY LAKE CIRCLE  
APT #111  
RIVERVIEW, FL 33578 US

**Name and Address of New Registered Agent:**

BERRY, NOELIE M  
7025 VISTA PARK LANE  
APT #202  
TEMPLE TERRACE, FL 33637 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: NOELIE BERRY

10/07/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERRY, NOELIE M  
Address: 7025 VISTA PARK LANE APT 202  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

I hereby 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 all other like empowered.

SIGNATURE: NOELIE BERRY

P

10/07/2013

Electronic Signature of Signing Officer or Director

Date