

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 092000010009

1. Corporation Name

Younglife Healthfoods, Inc.

2. Principal Office Address

5914 N. Gall Blvd

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33541

Country U.S.

Pasco County

3. Mailing Office Address

5914 N. Gall Blvd

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33541

Country U.S.

Pasco County

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3157561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary Kyle

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

5914 N. Gall Blvd

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33541

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

Gary Kyle

REGISTERED AGENT MUST SIGN

Date 5-12-03

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 |
|------------------------------|--------------------------------------|---|-----------------------|
| Pres V.P. Treas Sec | Gary Kyle | 5914 N. Gall Blvd | Zephyrhills, FL 33541 |
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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Kyle / Gary Kyle

5-12-03

Date

(313) 788-7772

Daytime Phone #

CR2E081 (10/02)

Dear Sirs,

Please reinstate our Corporation,
and please waive all late fees
and penalties we did not receive
any renewal notices, please take
this into consideration, I appreciate
anything you can do for us in
this matter. enclosed is a check for
\$600.00. I've spoken with Mr. Elyson
from your office and he advised me
what I need to do.

Thank You,

Gary Kyle (Gary Kyle)

Younglife Healthfoods Inc

5914 N. Gall Blvd

Zephyrhills, Fl. 33541

Fed ID 59-3157561

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(813) 788-7772