PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -5 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

DOCUMENT # P93000033518

1. Corporation Name

Life Leaders, Inc

2. Principal Office Address	**3.** Mailing Office Address
5786 McLeod Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax Florida	City & State
Zip: 32219 Country: DUVAL	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1992

5. FEI Number: 59 318 4641 ☐ 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: Gregory R Polita

Street Address (P.O. Box Number is Not Acceptable): 5786 McLeod Ave

Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32219

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: Greg R Polita Date: 11/26/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	Gregory R. Polita	9616 Spottswood RD W	Jax FL 32219
Vice	Deborah Polita	9616 Spottswood RD W	Jax FL 32219

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: Greg R Polita 11/26/01 (904)765-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

Life Leaders, Inc
5786 McLeod Ave
Jacksonville, Florida 32219

November,26, 2001

Mr. Tyrone Scott

My 2001 Corperation form was not sent in one time due to my health(Heart) condition as a result I was out of work for two years. I am now back to work and therefore have a need to reinstate my Corperation.

Thank you,

Gregory R. Polite