

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000033518			
1. Corporation Name Life Leaders, Inc			
2. Principal Office Address 5786 McLeod Ave		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jax FLORIDA		City & State	
Zip 32219	Country DUVA1	Zip	Country

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

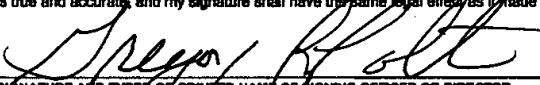
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4. Date Incorporated or Qualified To Do Business in Florida 1992	
5. FEI Number 593184641	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Gregory R Polite	
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 	Date 11/26/01

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
Mrs	Gregory R. Polite	9616 Spottswood Rd W	JAX, FL 32219
Mrs	Deborah Polite	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)(f), 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: 	Date 11/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR22001 (8/00)

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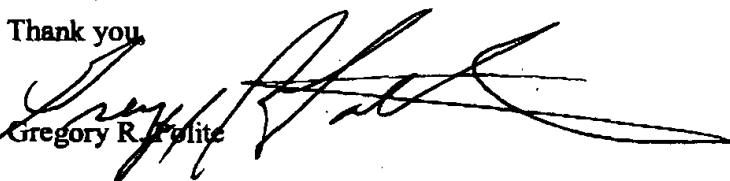
Life Leaders, Inc
5786 McLeod Ave
Jacksonville, Florida 32219

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