

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

FILED

00 JUL 17 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072947

1. Corporation Name

AUTOMATED LIFESTYLES, INC.

2. Principal Office Address

3325 AIRPORT RD N.

Suite, Apt. #, etc.

H-8

3. Mailing Office Address

P.O. BOX 12075

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34105

Country

USA

Zip

34101-2075

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 12, 1993

5. FEI Number

65-0448443

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

Suzanne D. Lanier

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

2640 Golden Gate Pkwy

Suite, Apt. #, Etc.

206

City

Naples

State

FL

Zip Code

34105

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6-21-00

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	LARRY V. HUNTER	3325 AIRPORT RD N #H-8	NAPLES, FL 34105
V-PRES	ELVIO CLAI	15448 BAY VISTA DRIVE	CLERMONT, FL 34711-7282
TREAS.	ADAM CANALES	2243 IVY AVE.	FT MYERS, FL 33907
			TS
			94-00 438

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 16, 00

Date

941.290.9855

Daytime Phone #

CR2E081 (9/99)

AUTOMATED LIFESTYLE, INC.

July 11, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

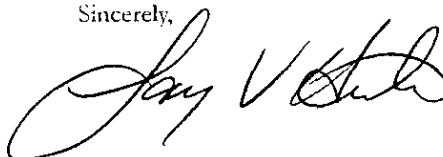
To Whom It May Concern:

I am writing this letter to ask you to waive the \$600.00 Reinstatement Fee. My reason is that I have been involved in a rather lengthy divorce. My now ex-wife has done everything in her power to make my life miserable. This even includes not giving me my personal as well as business mail. Because of this, I can not tell you how many times I have had late notices for bills, electricity and phone disconnected, and "nasty" phone calls for late payments. And for the Grand Finale, I find out that my company is no longer a Corporation.

So I ask that you please consider my circumstances and grant me a waiver of these fees this once. On the Reinstatement Form I have made all the necessary changes. All of the information is up to date.

I thank you for your help and understanding with this matter..

Sincerely,

A handwritten signature in black ink, appearing to read "Larry V. Hunter". The signature is fluid and cursive, with the first name "Larry" being the most prominent part.

Larry V. Hunter
President, ALL