

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 DEC 30 AM 10:34

DOCUMENT # P93000072947

1. Corporation Name

AUTOMATED LIFESTYLES, INC.

2. Principal Office Address

1063 ROBAT TERR NW  
Suite, Apt. #, etc.

3. Mailing Office Address

1063 ROBAT TERR NW  
Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

Zip  
33948

Country

USA

City & State

PORT CHARLOTTE FL

Zip  
33948

Country

USA

REINSTATEMENT 01-03

700026607217

09/09/04--01044--028 \*\*1058.75

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/93

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

LARRY V. HUNTER

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

1063 ROBAT TERR NW

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33948

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

*Larry V. Hunter*

REGISTERED AGENT MUST SIGN

Date 12/29/03

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
P	LARRY V. HUNTER	1063 ROBAT TERR NW	PORT CHARLOTTE, FL 33948
T	ADAM CANALES	2243 IVY AVE	FORT MYERS, FL 33907
S	EDISON A. KIRKLAND	6532 FLORIDA ST	PUNTA GORDA, FL 33950

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:

*Larry V. Hunter* LARRY V. HUNTER

12/29/03

Date

941.628.6770

Daytime Phone #

CR2001 (10/02)