


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>06 NOV 14 PM 3:44</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P940000086691</b>					
1. Corporation Name <b>The Life Settlement Alliance, Inc.</b>					
2. Principal Office Address <b>2100 S. OCEAN LN</b> Suite, Apt. #, etc. <b>1505</b> City & State <b>FT LAUD FL</b> Zip <b>33316</b>			3. Mailing Office Address <b>2100 S. OCEAN LN</b> Suite, Apt. #, etc. <b>1505</b> City & State <b>FT LAUD FLA</b> Zip <b>33316</b>		
			4. Date Incorporated or Qualified To Do Business in Florida <b>11/28/2004</b>		
			5. FEI Number <b>650555664</b>		
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.		
7. Name and Address of Current Registered Agent					
Name <b>HENRY FECKER III</b> Street Address (P.O. Box Number is Not Acceptable) <b>2100 S. OCEAN LN</b> Suite, Apt. #, Etc. <b># 1505</b> City <b>Fort LAUD FLA</b> Zip Code <b>33316</b>					
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 <b>[Signature]</b> Date <b>11/8/06</b> REGISTERED AGENT MUST SIGN					
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	HENRY FECKER III	2100 S. OCEAN LN # 1505	FT LAUD FL 33316		
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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 contained in Chapter 119, 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: <b>[Signature]</b> Date <b>11/8/06</b> Daytime Phone # <b>954-2324330</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					