


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUN 10 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995008084911
1. Corporation Name Life Directions, Inc.

Principal Place of Business Mailing Address
25 Second Street North
Suite 300
St. Petersburg, FL 33701

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Same as #1
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable Same as #1
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0581245

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P.	Elizabeth Hutton	25 Second St. N. #300	St Petersburg, FL 33701

000002208940--3
-06/11/97--01078--018
****915.00 ****915.00

REINSTATEMENT

all 9th
160
6/10/97

8. Name and Address of Current Registered Agent

Ben Felder, Esq.
42 First Street S.E.
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/97 813-894-5333
Date Daytime Phone #

CR2E040 (12/96)