

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 16 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041348

1. Corporation Name

IT'S A WONDERFUL LIFE, INC.

Principal Place of Business

Mailing Address

15107 MADEIRA WAY  
SUITE 304  
MADEIRA BEACH FL 33708

15107 MADEIRA WAY  
SUITE 304  
MADEIRA BEACH FL 33708

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
3813 Gulf Blvd #310

Suite, Apt. #, etc.  
4615 Gulf Blvd Suite 216

City & State  
St Pete Beach, FL

City & State  
St Pete Beach, FL

Zip Country  
33706 USA

Zip Country  
33706 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/1995

5. FEI Number

59-3316610

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee of \$8.75 is required for each certificate of status.

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D             | SCHLAGENHAUF, GARY                        | 15107 MADEIRA WAY SUITE 304                            | MADEIRA BEACH FL 33708  |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

800003060438--5  
-12/03/99--01089--007  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROIDA, JOEL D  
605 - 75TH AVE  
ST PETE BEACH FL 33708

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Joel D Broida*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-4-99

11. 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

GARY Byron Schlagenhauf President

KE

727-460-1764

Daytime Phone #