

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000058201**

1. Corporation Name

LIFE PLANNING SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

**1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

FILED

01 MAY -3 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



00-01

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0601951

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BOYD, LAURENCE P	1600 N. UNIVERSITY DRIVE	PEMBROKE PINES FL 33024
VPD	BOYD, PATRICK M	1600 N. UNIVERSITY DRIVE	PEMBROKE PINES FL 33024
STD	BOYD, LINDA M	1600 N. UNIVERSITY DRIVE	PEMBROKE PINES FL 33024
D	BOYD, ADONIS L	1600 N. UNIVERSITY DRIVE	PEMBROKE PINES FL 33024
D	BOYD, KATHERINE	1600 N. UNIVERSITY DRIVE	PEMBROKE PINES FL 33024
D	BOYD, CAREN	1600 N. UNIVERSITY DRIVE	PEMBROKE PINES FL 33024

8. Name and Address of Current Registered Agent

**BOYD, LAURENCE P
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700004324367-7

-05/29/01--01010--001

****908.75 ****908.75

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 607.0505, F.S.

Signature of
Registered Agent

Lauren P. Boyd
REGISTERED AGENT MUST SIGN

Date **4-9-2001**

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:

Lauren P. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2001

Date

954-983-0857

Daytime Phone #

CR2E040 (8/00)