

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95 000068926

1. Corporation Name

Live Your Dreams, Inc.

2. Principal Office Address

313 South Lakeside Dr.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

3. Mailing Office Address

313 South Lakeside Dr.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

REINSTATEMENT 98-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/18/1996

5. FEI Number

650611141

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

John C. Jackson

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

313 South Lakeside Dr.

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

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

REGISTERED AGENT MUST SIGN

Date

8/16/05

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, V, D, S	John Jackson	313 S. Lakeside Dr.	Lake Worth, FL 33460

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/05

Daytime Phone #

561
3865153

CR20081 (01/05)

KEVIN G. HENDERSON, P. A.

1521 Forest Hill Boulevard, Suite 2
West Palm Beach, FL 33406
Ph: 561-721-0491 Fax: 561-721-0499

TO: DIVISION OF CORPORATIONS

ATTN: MICHELLE MILLIGAN

FAX: 850-245-6017

FROM: KEVIN HENDERSON

DATE: Tuesday, September 13, 2005

SUBJECT: LIVE YOUR DREAMS

of Pages 2

Pursuant to our conversation this afternoon, I am sending you the attached letter via facsimile to re-instate Live Your Dreams, Inc., document number, P95000068926.

You indicated to me that you were in receipt of a check in the amount of \$1800.00 together with the proper re-instatement form on August 18, 2005 and that you need the attached letter to process this request. Furthermore, you indicated to me that your office could not locate a check in the amount of \$52.50 together with Articles of Amendment for Live Your Dreams, Inc which was also received by you on August 18, 2005.

You further stated that you would provide a Certificate of Status at no cost due to the above mentioned circumstances. Please send the Certificate of Status to the following address:

Kevin G. Henderson, P.A.
1521 Forest Hill Blvd, Ste 2
West Palm Beach, FL 33406

Thank you for your prompt attention to this matter.

Call with any questions.

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09/13/05

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LIVE YOUR DREAMS, INC.

320 N. LAKESIDE COURT
WEST PALM BEACH FL 33407

Michelle Milligan
Department of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

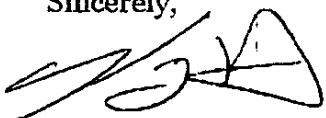
Tuesday, September 13, 2005

Ms. Milligan

This letter is to inform you that Live Your Dreams, Inc, document number **P99000109720**, does not intend to re-instate at the present time.

This letter was requested by you in order to re-instate Live Your Dreams, Inc., document number **P95000068926** as soon as possible.

Sincerely,

 as attorney-in-fact for John C. Jackson & Live Your Dreams, Inc.

Kevin G. Henderson as Attorney-
in-Fact for John C. Jackson and
Live Your Dreams, Inc.