

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000095512

**Entity Name:** LIFENET CORPORATION

**FILED**  
**Oct 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4649 PONCE DE LEON BLVD. STE 404  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4649 PONCE DE LEON BLVD. STE 404  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0634297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARIAS, RAFAEL  
4649 PONCE DE LEON BLVD. STE 404  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

ARIAS, RAFAEL  
521 TIBIDABO AVENUE  
CORAL GABLES, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAFAEL ARIAS

10/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ARIAS, RAFAEL  
Address: 521 TIBIDABI AVENUE  
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL ARIAS

PST

10/08/2011

Electronic Signature of Signing Officer or Director

Date