

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040572

1. Corporation Name

The Life Group, Inc

2. Principal Office Address - No P.O. Box #

38511 US Hwy 19 North

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

—

Zip

34684

Country

—

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1996

5. FEI Number

59-3391524

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

Michael B. Osadchey

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

38511 US Hwy 19 North

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael B. Osadchey
REGISTERED AGENT MUST SIGN

Date 7/6/2007

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	Michael B. Osadchey	7524 Cheltenham Ct.	New Port Richey, FL 34655
VPT	Joni L. Osadchey	7524 Cheltenham Ct.	New Port Richey, FL 34655

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 contained in Chapter 119, 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:

Michael B. Osadchey, President 07/06/2007 727-934-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #