

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000011312

Entity Name: RENEW LIFE FORMULAS, INC.

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

198 PALM HARBOR BLVD. SOUTH
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

198 PALM HARBOR BLVD. SOUTH
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-3437074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATSON, STAN
198 PALM HARBOR BLVD. SOUTH
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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: STAN WATSON

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WATSON, BRENDA
Address: 2141 LAGOON DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

Title: CEO () Delete
Name: WATSON, STAN
Address: 2141 LAGOON DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

Title: CFO () Delete
Name: POLLO, DON
Address: 198 PALM HARBOR BLVD. SOUTH
City-St-Zip: PALM HARBOR, FL 34683 US

Title: DVP () Delete
Name: HANDLEY, J.B.
Address: 345 CALIFORNIA STREET, SUITE 2550
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: DVAS () Delete
Name: REESE, CORBY
Address: 345 CALIFORNIA STREET, SUITE 2550
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: D () Delete
Name: NOVAK, JOHN
Address: 345 CALIFORNIA STREET, SUITE 2550
City-St-Zip: SAN FRANCISCO, CA 94104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DON POLLO

Electronic Signature of Signing Officer or Director

CFO

10/08/2009

Date