

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000021469**

1. Corporation Name

LIFE SPAN, INC.

Principal Place of Business

**3836 W NEPTUNE STREET
TAMPA FL 33629
US**

Mailing Address

**3836 W NEPTUNE STREET
TAMPA FL 33629
US**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1997

5. FEI Number

59-3434749

Applied For

Not Applicable

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
D	TONARELLI, DAVID V	3836 W NEPTUNE STREET	TAMPA FL 33629

**900004677999--8
-11/14/01--01019--029
****150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TONARELLI, DAVID V
3836 W NEPTUNE STREET
TAMPA FL 33629**

**NEW Address
1706 S. Dale Mabry
Tampa FL 33629**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-22-01**

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:

SIGNATURE REQUIRED
David V. Tonarelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

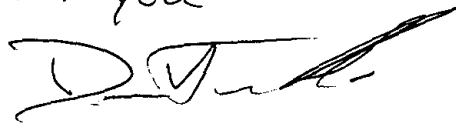
Date

Daytime Phone #

CR2040 (8/01)

In March of 2001, I David Tonarelli
Moved my Company to 1706 S. Dale Mabry Tampa
FL. 33629. I never Recieved the paper work
Till NOW. Please Waive the penalty Fees.
I have Inclosed 150⁰⁰ for Revocation

Thank you



Phone# 1-813-254-4330