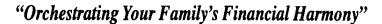
PLEASE READ ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2007 JAN 29 PM 2: 38 SECRE, TALLAHASSEE, FLORIDA
DOCUMENT # P97 000024 77 0 1. Corporation Name	
Lifespan Financial Strategies, Inc	
	400087198394 02/02/0701037006 **450.00
2. Principal Office Address 1930 N Commerce Pkuy 318 Indian Trace Suite, Apt. #, etc. ++ Suite, Apt. #, etc. City & State City & State	CR2E081 (12/05) OSO 4. Date Incorporated or Qualified To Do Business in Florida 3 114 199 7
Weston Florida Weston Florida Zip Country SA Zip Country 33326 USA 33326 USA	FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
7. Name and Address of Current Registered Agent	
Street Address (P.Q. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Weston State FL 33336	
8. 1, 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	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
P Laura Walsh 1930 N Commerce	e Pky#1 Weston, FL 33336
	3131/57
REINSTATEMENT DO	
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: SIG	

LIFESPAN FINANCIAL STRATEGIES, INC.

REGISTERED INVESTMENT ADVISOR



January 9, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Reinstatement of document number P97000024770

To Whom It May Concern:

I am writing to request that my corporation be reinstated under the name of Lifespan Financial Strategies, Inc. My document number is P97000024770. I am also requesting that you waive any penalties for this reinstatement due to the fact we did not receive our notification of renewal for the 2005 and 2006 calendar years. We did not receive any notification that we were late in filing, or that the corporation was involuntarily dissolved. I assure you, if we had received any of these notices we would have immediately mailed out the proper forms and a check.

I am enclosing a completed corporation reinstatement form as well as a check in the amount of \$450 for the calendar years 2005, 2006 and 2007.

Your consideration in this matter is greatly appreciated.

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If there is any additional information you require or have any questions, please contact our office.

Thank you.

Sincerely,

Laura Walsh, M.S., CFP

President, Lifespan Financial Strategies, Inc.

Enclosure

Laura Walsh, M.S., CFP[#] Registered Representative, Securities Offered Through Mutual Service Corporation Member NASD, SIPC Lifespan Financial Strategies, Inc. is separate from Mutual Service Corporation

lwalsh@mscmail.biz • www.lifespanfinancialstrategies.com

Branch Office

Mailing Address

1930 N. Commerce Parkway #1, Weston, FL 33326 318 Indian Trace, Suite 264, V

Tel: (954) 385-7812 • Fax: (954) 384-7716