


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 1.2em;">06 NOV 20 PM 3:52</div> <div style="margin-top: 20px;">REINSTATEMENT CR2E081 (12/05) 09-06</div>	
DOCUMENT # P97000027563			
1. Corporation Name Health and Life Partners, Inc.			
2. Principal Office Address 9906 SW Venture Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <small>Suite, Apt. #, etc.</small>	
City & State Palm City, FL		City & State 	
Zip 34990	Country 	Zip 	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/24/1997		5. FEI Number 65-0741312	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name George DeMello, Jr.			
Street Address (P.O. Box Number is Not Acceptable) 9906 SW Venture Dr.			
Suite, Apt. #, Etc. 			
City Palm City		State FL	Zip Code 34990
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 X		Date _____	
REGISTERED AGENT MUST SIGN			
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	George DeMello, Jr.	9906 SW Venture Dr.	Palm City, FL 34990
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: X		Date 11/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 772-597-6000	