
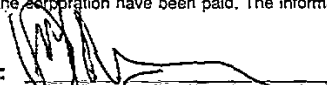


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR CORP. DOCUMENT</p> <p>FOR 08</p> <p>REINSTATEMENT</p>		 <p>08-09-92</p>		<p>FILED</p> <p>99 JAN 20 PM 12: 31</p> <p>SECRETARY OF STATE</p> <p>TALLAHASSEE, FLORIDA</p> <p>200002750242--4</p> <p>-01/21/99--01094--014</p> <p>***300.00 ***300.00</p>																																					
<p>DOCUMENT #P 97000032826</p>																																									
<p>1. Corporation Name</p> <p>Life Wellness Network, Inc.</p>																																									
<p>Mailing Address</p> <p>4003 South Westshore Blvd</p> <p>Suite 3501</p> <p>Tampa, FL. 33611</p>		<p>Principal Place of Business</p> <p>the same</p>																																							
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																									
<p>2. New Mailing Address, If Applicable</p> <p>800 West Platt St.</p> <p>Suite, Apt. #, etc.</p> <p>Suite 4</p> <p>City & State</p> <p>Tampa, FL.</p> <p>Zip</p> <p>33606</p>		<p>3. New Principal Office Address, If Applicable</p> <p>800 West Platt St.</p> <p>Suite, Apt. #, etc.</p> <p>Suite 4</p> <p>City & State</p> <p>Tampa, FL.</p> <p>Zip</p> <p>33606</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>4/11/97</p>																																					
				<p>5. FEI Number</p> <p><input checked="" type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not Applicable</p>																																					
				<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																					
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>PSTD</td> <td>Douglas M. Drew</td> <td>800 West Platt St., Ste. 4</td> <td>Tampa, Florida 33606</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4	PSTD	Douglas M. Drew	800 West Platt St., Ste. 4	Tampa, Florida 33606																								
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<p>8. Name and Address of Current Registered Agent</p> <p>Spiegel & Utrera, P.A.</p> <p>343 Almeria Ave.</p> <p>Coral Gables, FL. 33134</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City</p> <p>State FL Zip Code</p>																																						
<p>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.</p> <p>Signature of Registered Agent <u>Lawrence J. Spiegel</u> <u>Lawrence J. Spiegel</u> Date <u>1/19/99</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																									
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																									
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																									
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																									
<p>SIGNATURE:</p> <p></p>		<p>Douglas M. Drew</p>		<p>1/19/99</p>																																					
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date</p>		<p>Daytime Phone #</p>																																					

CH25040 (6/94)

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

1. Douglas M. Drew is the President of LIFE WELLNESS NETWORK, INC., a Florida corporation, (herein "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on October 16, 1998.
3. That the Corporation failed to file its 1998 Annual Report or pay the 1998 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the Corporation was without knowledge that it was required to file its Annual Report and pay the Annual Report filing fee to the Florida Department of State; and,
 - 3.2 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.3 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State to reinstate the Corporation upon the payment by the Corporation of its 1998 Annual Report fees and the filing of its 1998 Annual Report, which are presented simultaneously with this Affidavit.

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5. LIFE WELLNESS NETWORK, INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 19th day of January, 1999

FURTHER, AFFIANT SAYETH NOT

LIFE WELLNESS NETWORK, INC.

By: 

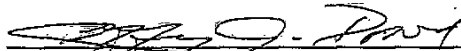
Douglas M. Drew, President



JEFFREY A. DOWD
COMMISSION # CC 703476
EXPIRES DEC 17, 2001
BONDED THRU
ATLANTIC BONDING CO., INC.

SWORN AND SUBSCRIBED

before me this 19th day of January, 1999.



Notary Public, State of Florida at Large

Printed Name: Jeffrey A. Dowd

Commission Expires: 12/17/01