PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT 2000 VBE

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 30 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034537

1. Corporation Name

INVESTMENT LIFE GROUP, INC.

Principal Place of Business	Mailing Address
13 KELLY AVE STE 16 FT WALTON BCH FL 32548 US	13 KELLY AVE STE 16 FT WALTON BCH FL 32548 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: 04/17/1997

5. FEI Number: 59-3454208 ☐ 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
VP	GALIS, STEVEN	771 SANDPIPER DR	DESTIN FL 32541
~~ST~~ ST	~~LINDLEY, DWAIN~~ AILAIRE, TIM	~~13 WARWICK~~ 233 N. HILL AVE	~~SHALIMAR FL 32579~~ Ft. Walton Beach, FL 32548
D	THORNE, L M	9412 BONELEUFF DR	NAVORRE FL 32566
D	Maksymyk, John	13 KELLY AVE	Ft. Walton Beach, FL 32548
			100003470661--3 -11/20/00--01118-017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SMITH, BRENT 143 MENZCH ST VALPARAISO FL 32580	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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 _____ Date 10/26/00

REGISTERED AGENT MUST SIGN

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: _____ 10/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/25/00

To whom it May Concern:

This letter is to inform You that we had not received our original Corporation Filing Papers.

Our Corporation has no physical office, only a Post office in an executive office building in which Mail often gets misplaced.

Please Receive and Accept our filing for Re-instatement and the cost in the Amount of $150.00

Sincerely,

Brent Smith

Brent Smith, President