

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -7 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075124

1. Corporation Name

Life Force Research Inc.

2. Principal Office Address

231 Suwannee

3. Mailing Office Address

P.O. BOX 2535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33458

Country

USA

Zip

33458-2535

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/97

5. FEI Number

650777813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTINA, ROLAND

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

6230 W. Indian town Rd Ste 7 PMB 345

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458-4618

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

REGISTERED AGENT MUST SIGN

Date 10-03-2003

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 |
|--------|--------------------------------------|---|-----------------------|
| CEO | MARTINA, RM | 6230 W. Indian town Rd suite 7 PMB 345 | Jupiter FL 33458-4618 |
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-03-2003

Date

5617433256

Daytime Phone #

CR25081 (10/02)

21/10/8