

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023842

1. Corporation Name

ACTIVE LIFESTYLE DEVELOPMENT CORP.

200009442962
12/10/02--01096--007 **158.75

2. Principal Office Address
2830 SCHERER DR

3. Mailing Office Address
2830 SCHERER DR

Suite, Apt. #, etc.
SUITE 310

Suite, Apt. #, etc.
SUITE 310

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33716

Zip
33716

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
~~50-045-0107~~ 59-3518824

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
STEVEN GORDON

Street Address (P.O. Box Number is Not Acceptable)
2830 SCHERER DR.

Suite, Apt. #, Etc.
SUITE 310

City
ST. PETERSBURG

State
FL

Zip Code
33716

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

STEVEN R. GORDON

Date

12/9/02

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
PSTD	STEVEN GORDON	2830 SCHERER DR, SUITE 310	ST. PETERSBURG, FL 33716
VPD	ALAN GORDON	2830 SCHERER DR SUITE 310	ST. PETERSBURG, FL 33716

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN R. GORDON

12/9/02 (727) 523-1571

CR2E081 (9/01)

12/30

ACTIVE LIFESTYLE DEVELOPMENT CORPORATION
2830 Scherer Drive, Suite 310, St. Petersburg, Florida 33716
(727) 573-1571 FAX (727) 573-0747

December 20, 2002

**Justin Shivers
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399**

Re: P 9800.0023842 Corporate Re-Instatement

Dear Justin:

I followed the procedures as explained to me, downloaded the forms, wrote the letter, enclosed the check and you returned it to me. I am returning the package to you and requesting again that you reinstate my company and waive any penalties since I did not receive the notices in the mail.

Sincerely,



**Steven Gordon
President**

ACTIVE LIFESTYLE DEVELOPMENT CORPORATION

2830 Scherer Drive, Suite 310, St. Petersburg, Florida 33716

(727) 573-1571 FAX (727) 573-0747

December 9, 2002

Division of Corporations

409 East Gaines Street

Tallahassee, FL 32399

Re: P 9800 0023842 Corporate Re-Instatement

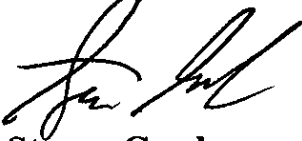
To Whom It May Concern:

We found out yesterday that our corporation had been dissolved. We did not receive the Uniform Business Report or any notice in the mail. We downloaded the enclosed form from your website.

Please reinstate our corporation and waive any penalty involved.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Gordon', written over a horizontal line.

Steven Gordon

President