PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORP REINS	ORATIO				;	Secretar	TMENT y of Sta		DIVI	CRETA SION OF B DEC 1		STATE ORATION 8: 00	S	
DOCUMENT # P98000069864 1. Corporation Name														
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- 3										A	EXCOLUNE NO.			
2. Principal Office Address 185.7 Sw. 29 Street					3. Mailing C	ffice Addre		d St	REIN	SIA	IEN	MENT	02	1-0-3
Suite, Apt. #, etc.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	كلار etc.	<u>, 5</u>								
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City & State				City & State				ļ	isiness in F	ionda	8/11	199		
Pompano Beach FL			Pompano Beach, FL				5. FEI Num		753	_		Applicable		
Zip `	1	Country			Zip		Country		6			40.7E .		ee required
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	Name		AU	isa			Haur	Current Registe	ered Agent					MRD
	Street Address (P.O. Box Number is Not Acceptable)													
	Suite, Apt. #, Etc.									12/11/0301018017 ***308.75				
	City	300	۵.	Ra	ton.					State FL	zip c∞ 33	498		
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 12 9 0 3														
9. Names and	d Street Ad	dresses (of Each O	fficer and	or Director (Flo	rida nonpro	ofit corporat	tions must list at l	east 3 directors)					
Titles	Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director							City / State / Z	ip	
Р	Allison Sattaur				-Lopez	~191.	37 S	ikyridg	e-ar	Bα	a Ro	ton, f	= 1 3.	3498
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this reinsta owed by th	atement app ne corporatio	lication, on have i	the reasor been paid	n for disso and the r	olution has been names of individ	eliminated uals listed o	, the corpor on this form		s the requirement an exemption ur	ts of section	n 607.0401	or 617.0401, I	F.S., that a	ill 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) Daytime Phone #													



1857 SW 3rd St. Pompano Beach, FL 33069

Tel: 954-978-8489 Fax: 954-978-8527

Toll-Free: 1-800-971-2226 USA only E-Mail: info@toucanindustries.com http://www.toucanindustries.com



Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

> RE: Speedlife, Inc. P98000069864

To Whom It May Concern:

I am a new employee at Toucan Industries, Inc. which is a corporation that is registered to Allison Sattaur-Lopez, as is Speedlife, Inc. It has come to my understanding that the annual registration forms for Speedlife, Inc. were never received so the company is now registered as inactive. After contacting your office, Barbara explained to me that the company can be reinstated with the reinstatement form and a check for \$300. Please find the attached reinstatement form and check #14985 for \$308.75 to complete this activation.

Thank you in advance for your help with this matter. Please contact me at (954) 978-8489 if you have any other questions.

Sincerely,

Kelly D. Costa Financial Analyst