

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT #

P9800073840

1. Entity Name

DNA Lifeprint, Inc.



03 OCT 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

600023507466

10/02/03--01019--005 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

4839 SW 148 Avenue

Suite, Apt. #, etc.

Suite 511

3. Mailing Address

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33330

Country

USA

Zip

Country

4. FEI Number

65-0858836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph Matthews

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

4839 SW 148 Avenue

Suite 511

City

Davie

FL

Zip Code

33330

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director and President
Joseph Matthews
4839 SW 148 Avenue, #511
Davie, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-03

Date

954 584 1117

Daytime Phone #

CR2E034B (1/2/02)

9/10/29

DNA

LifePrint, Inc.

September 29, 2003

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

Re: DNA LifePrint, Inc.
Document No. P9800073840

Dear Sirs/Mesdames:

Please accept this application for reinstatement along with the \$150.00 fee, we were unaware that we were inactive due to the fact we did not receive any paperwork, our offices relocated to the present address and we have had problems with forwarding mail.

Please do not hesitate in contacting our office with any questions or need for further information.

Yours very truly,



Joseph M. Matthews
DNA LifePrint, Inc.