

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087373

1. Corporation Name

Lifeskills Plus, Inc.

2. Principal Office Address - No P.O. Box #

1567 Bronco Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

City & State

Zip
32940

Country
U.S.A.

Zip

Country

600150950986

04/17/09--01037--007 **458.75

REINSTATEMENT 07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
593535978

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Amy Faulkner

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

1567 Bronco Drive

Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32940

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X Amy Faulkner

REGISTERED AGENT MUST SIGN

Date 4-14-09

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
Pres.	Amy Faulkner	1567 Bronco Drive	Melbourne, FL 32940
V-Pres	Myrtle Decker	1043 Tortoise Cove	Melbourne, FL 32935

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 contained in Chapter 119, 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:

X Amy Faulkner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-09

Date

321-543-1604

Daytime Phone #

4/20/09