

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 1:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000087656

1. Corporation Name
FLORIDA INSTITUTE OF LONGEVITY, INC.

Principal Place of Business Mailing Address

**1600 36TH STREET
 STE B
 VERO BEACH FL 32960**

~~1600 36TH STREET
 STE B
 VERO BEACH FL 32960~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *2001*

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4025 8TH LANE

VERO BEACH, FL

32960 **USA**

4. Date Incorporated or Qualified To Do Business in Florida
10/14/1998

5. FEI Number
65-0869816

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALTIERI, JOSEPH J M.D.	1340 INDIAN MOUND TRAIL 4025 8TH LANE	VERO BEACH FL 32963 VERO BEACH, FL 32960
SD	ALTIERI, GINA	1340 INDIAN MOUND TRAIL 4025 8TH LANE	VERO BEACH FL 32963 VERO BEACH, FL 32960
			800004649448--2 10/23/01-01030-010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

RAPPEL, ROBERT
5070 HIGHWAY A1A, NORTH
VERO BEACH FL 32963-1216

9. Name and Address of New Registered Agent

Name **JOSEPH J ALTIERI**

Street Address (P.O. Box Numbers Not Acceptable)
4025 8TH LANE

Suite, Apt. #, Etc.

City **VERO BEACH** State **FL** Zip Code **32960**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Joseph J Altieri* Date **10/11/01**

REGISTERED AGENT MUST SIGN

11. 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: *Joseph J Altieri* Date **10/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)