


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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

2001

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

11LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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
REGISTERED AGENT MUST SIGN

Date

10/11/01

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01
Daytime Phone #

CR2E040 (8/01)