

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000088706**

1. Corporation Name

NeuLife School Corporation

2. Principal Office Address

701 Northpoint Pkwy

Suite, Apt. #, etc.

Suite 220

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

<SAME>

Suite, Apt. #, etc.

<SAME>

City & State

<SAME>

Zip

<SAME>

Country

<SAME>

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-1998

5. FEI Number

65-0869154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

Michael R. Presley, ESQ.

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

701 North Point Pkwy

Suite, Apt. #, Etc.

Suite 220

City

West Palm Beach

State

FL

Zip Code

33407

000023962570

10/21/03--01028--022 **1350.00

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

Michael R. Presley

Date **10-17-2003**

REGISTERED AGENT MUST SIGN

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
D-	Michael R. Presley	701 North Point Pkwy/220	W. P. B. / FL 33407

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 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:

Michael R. Presley

DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2003 / 561.689.3300

Date

Daytime Phone #