

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Matthew E. Harris
Secretary of State
DIVISION OF CORPORATIONS

98192

FILED

00 NOV -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000100341**

1. Corporation Name

FOR LIFE PRODUCTS, INC.

Principal Place of Business

703 LAKE BLVD.
WESTON FL 33326

Mailing Address

703 LAKE BLVD.
WESTON FL 33326

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

65-0886135

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
D	MCDONNELL, JOSEPH	703 LAKE BLVD.	WESTON FL 33326
D	EBBERT, JULIE	703 LAKE BLVD.	WESTON FL 33326

200003473512--4
-11/21/00--01111--017
***150.00 ***150.00
SP

8. Name and Address of Current Registered Agent

MCDONNELL, JOSEPH
703 LAKE BLVD.
WESTON FL 33326

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10/23/02

Date

954-389-0061

Daytime Phone #

CR20040 (8/00)



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Tuesday, October 31, 2000

Sirs/Madam
DIVISION OF STATE
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs/Madam:

Please be advised and as per our conversation today, we have not received the original notice for the aforementioned corporation. We operated both For Life Products, Inc., and iShopSecure, Inc., at the below address. Approximately 4 months ago we moved iShopSecure, Inc., from the below address to a new address. In the process the files of both companies were subsequently destroyed during the flooding which took place here over the past few months. As such, I respectfully request that you kindly accept our apologies for the delinquent filing and please reinstate this corporation as soon as possible and please waive any penalties associated therewith.

I have enclosed the filing fee of \$150.00.

Please call me with any questions.

Sincerely,

Joseph A. McDonnell
President

FOR LIFE PRODUCTS, INC

703 LAKE BLVD. - WESTON, FL 33326

E-Mail: forlifepro@aol.com Phone: (954) 349-0082 Fax: (954) 349-7582

www.forlifeproducts.com