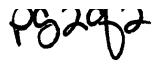
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FLORIDA DEPARTMENT FILED VISION OF CORPORATIONS 00 NOV -3 PM 4: 02 P98000100341 DOCUMENT # -1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA FOR LIFE PRODUCTS, INC. Mailing Address Principal Place of Business 703 LAKE BLVD. 703 LAKE BLVD. WESTON FL 33326 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 Date Incorporated or Qualified
To Do Business in Florida 12/02/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0886135 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Officer and/or Director Title(s) WESTON FL 33326 D MCDONNELL, JOSEPH 703 LAKE BLVD. WESTON FL 33326 703 LAKE BLVD. D **EBBERT, JULIE** -11/21/00--01111--017 \*\*\*\*150\_00 \*\*\*\*150\_00 SP 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MCDONNELL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 703 LAKE BLVD. Suite, Apt. #, Etc. WESTON FL 33326 Zip Code corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the reg Signature of Registered Agent 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 filling 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:





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.

Joseph A. McDonnell President