

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000004934

Entity Name: OUR LIFE PRODUCTS, INC.

FILED  
Oct 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1230 NW 43RD STREET  
DEERFIELD BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

1230 NW 43RD STREET  
DEERFIELD BEACH, FL 33064

**New Mailing Address:**

FEI Number: 65-0967987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOINES, DAVID A ESQ.  
1230 NW 43RD STREET  
DEERFIELD BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID A HOINES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAPPER, DAVID E  
Address: 1230 NW 43RD STREET  
City-St-Zip: DEERFIELD BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E CHAPPER

P

10/17/2009

Electronic Signature of Signing Officer or Director

Date