

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:39

DOCUMENT # P99000075880

1. Corporation Name

LONGEVITY INSTITUTE OF MIAMI INC.

Principal Place of Business

Mailing Address

925 CRANDON BLVD.
KEY BISCAYNE FL 33149

925 CRANDON BLVD.
KEY BISCAYNE FL 33149



REINSTATEMENT

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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/1999	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	DRASSINOWER, CARLOS S	1111 CRANDON BLVD., C806	KEY BISCAYNE FL 33149

000003440350--1
-10/26/00--01053--006
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRASSINOWER, CARLOS S 925 CRANDON BLVD. KEY BISCAYNE FL 33149	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State 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 REQUIRED Date: 10-11-00
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 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.

AD

SIGNATURE: SIGNATURE REQUIRED DRASSINOWER Date: 10-11-00 Daytime Phone #: 305-446-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR