1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 MAR -7 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600014415796
03/20/03--01067--020 **300.00

02 03 UBR

DOCUMENT # P99000109720

1. Corporation Name
LIVE your dreams INC

2. Principal Office Address
320 N. Lakeside ct
Suite, Apt. #, etc.
West Palm Beach
City & State
FLA
Zip 33401 Country PALM Beach

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip Country SAME

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0611140 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
JOHN C JACKSON
Street Address (P.O. Box Number is Not Acceptable)
320 N. Lakeside ct
Suite, Apt. #, Etc.
West Palm Beach FL
City State FL Zip Code 33401

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 John Jackson REGISTERED AGENT MUST SIGN Date 03/06/03

CR2E081 (9/01)

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
pres	JOHN C JACKSON	320 N Lakeside ct	WPB FLA 33401
VicePress	JOHN C JACKSON	"	"
Secretary	JOHN C JACKSON	"	"

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: John C Jackson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 03/06/03

2 of 2

Dear Dept of State

I never Received my Annual Report for Live your Dreams Inc

My New ADRESS is:

320 N. Lakeside ct
West Palm Beach FL 33407

Please WAIVE the Reinstate Fee

Thank you very much

Jack Jackson Pres
Live your dreams Inc
5613865153