

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V41533

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** NEW LIFE CONCEPTS, INC.

**Current Principal Place of Business:**

3623 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

144 GOLF CLUB DRIVE  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

3623 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

144 GOLF CLUB DRIVE  
LONGWOOD, FL 32779 US

**FEI Number:** 59-3134616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANDLES, INC.  
3623 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746 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:** BRANDLES, INC.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KUBASAK, DALE W  
**Address:** 3623 FALLING ACORN CIRCLE  
**City-St-Zip:** LAKE MARY, FL 32746

I hereby 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 all other like empowered.

**SIGNATURE:** DALE KUBASAK

P

02/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date