

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63704**

1. Corporation Name

Affordable Lifestyles, Inc.

2. Principal Office Address

5139 1st Rd

3. Mailing Office Address

5139 1st Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

400016674644

04/22/03--01064--024 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-92

5. FEI Number

650367554

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sara Wolff

Street Address (P.O. Box Number is Not Acceptable)

5139 1st Rd

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Sara Wolff

REGISTERED AGENT MUST SIGN

Date

4/15/03

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
VP	Helene Reinschreiber	2338 La Vida Way	Boca Raton, FL 33433
P	Jeff Wolff	5139 1st Rd Lake Worth, FL 33467	Lake Worth, FL 33467
S	Sara Wolff	5139 1st Rd	Lake Worth, FL 33467

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:

Sara Wolff / Sara Wolff

4/15/03 561-968-0484

Date

Daytime Phone #

x202