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TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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CR2E081 (11/10)

DOCUMENT # F14000000883

1. Corporation Name
WELLNESS IN THE SCHOOLS, INC.

2. Principal Office Address - No P.O. Box # 31 W 125TH STREET, 5TH FLOOR		3. Mailing Office Address 31 W 125TH STREET, 5TH FLOOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10027	Country USA	Zip 10027	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/26/2014		Applied For
5. FET Number 25-1919494		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
NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
1200 S PINE ISLAND RD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

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 *Nancy Chouinard* Date 1/29/2016

REGISTERED AGENT MUST SIGN

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
CD	KATE HILLIS	151 LAFAYETTE ST 3RD FL	NEW YORK, NY 10013
TD	TOM HARVEY	941 PARK AVE APT 15C	NEW YORK, NY 10028
SD	PATTI TRAINOR-WRAZEJ	107 W 82ND 5B	NEW YORK, NY 10024
ED	NANCY EASTON	31 W 125TH STREET, 5TH FLOOR	NEW YORK, NY 10027
D	AUGUST CARDONA	225 VARICK ST SUITE 303	NEW YORK, NY 10014
D	RICHARD CLARK	4493 VERDICCIO AVE	LAS VEGAS, NV 89141

10. E-mail Address: nancy@wellnessintheschools.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Nancy E. Easton* Date 1/29/2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
WELLNESS IN THE SCHOOLS, INC.

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