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
99 NOV 15 PM 12:21

DOCUMENT # F97000005377

1. Corporation Name
COMPLETE WELLNESS CENTERS INC.

Principal Place of Business / Mailing Address
1964 HOWELL BRANCH ROAD, SUITE 202
WINTER PARK, FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

98-55

0420-99-50138-001 $150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/97

5. FEI Number: 52-1910135 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee is 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO CHAIRMAN	JOSEPH RAYMOND, JR.	1964 HOWELL BRANCH RD SUITE 202	WINTER PARK, FL 32792
COO PRESIDENT	SERGIO VALLEJO	1964 HOWELL BRANCH RD SUITE 202	WINTER PARK, FL 32792
CFO	MICHAEL BRIGANTE	1964 HOWELL BRANCH RD SUITE 202	WINTER PARK, FL 32792
DIRECTOR	JOHN PAWLOWSKI	1964 HOWELL BRANCH RD SUITE 202	WINTER PARK, FL 32792
DIRECTOR	EUGENE SHARER	1964 HOWELL BRANCH RD SUITE 202	WINTER PARK, FL 32792
DIRECTOR	DONALD RADCLIFFE	1964 HOWELL BRANCH RD SUITE 202	WINTER PARK, FL 32792

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State: FL

600003058618 9
-11/22/99-01010-011
****150.00 ****150.00

CR2E061 (12/96)

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: Barbara A Burke
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
Date: 11-8-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 11-10-99 (407)673-3073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH RAYMOND, JR.