# 04 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT # P01000067090**

1. Entity Name

THE HEALTH AND SELF ENHANCEMENT CENTER, INC.



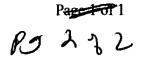
Principal Place of Business Mailing Address 4541 BEE RIDGE RD. 4541 BEE RIDGE RD. SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10192004 REIN-P CR2E098 (6/04) City & State City & State 4, FEI Number Applied For 01-0559026 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUPTA, VIRIND D** Street Address (P.O. Box Number is Not Acceptable) 4541 BEE RIDGE RD. SARASOTA, FL 34233 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900-00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change **GUPTA, VIRIND D** 800042954758 NAME NAME 11/23/04--01023--016 STREET ADDRESS 4541 BEE RIDGE RD. STREET ADDRESS \*\*150.00 CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #





## **Division of Corporations**

### 2004 Reinstatement

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the Reinstatement form.

This information cannot be changed on the report.

Document Number

P01000067090

Business Entity Name THE HEALTH AND SELF ENHANCEMENT CENTER, INC.

Original File Date

07/09/2001

FEI Number

01-0559026

Principal Address 4541 BEE RIDGE RD.

SARASOTA, FL 34233

Mailing Address

4541 BEE RIDGE RD.

SARASOTA, FL 34233

Registered Agent VIRIND D GUPTA

4541 BEE RIDGE RD.

SARASOTA, FL 34233

#### Officer/Director Name And Address

VIRIND D GUPTA 4541 BEE RIDGE RD. SARASOTA,-FL 34233

☑ A reinstatement fee is required except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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