2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL AND FILED

04 NOV 23 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

10192004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000067090

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

Principal Place of Business	Mailing Address
4541 BEE RIDGE RD. SARASOTA, FL 34233	4541 BEE RIDGE RD. SARASOTA, FL 34233

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0559026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUPTA, VIRIND D 4541 BEE RIDGE RD. SARASOTA, FL 34233	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Virind Dharayshed Gupta 11/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GUPTA, VIRIND D		NAME	800042954758	
STREET ADDRESS	4541 BEE RIDGE RD.		STREET ADDRESS	11/23/04--01023--016 **150.00	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE		☐ Delete	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-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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: Virind Dharayshed Gupta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RJ 272

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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

D
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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