

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094652

1. Corporation Name
Body Mechanics Wellness Inc.

2. Principal Office Address
6713 NW 127 Terr.
Suite, Apt. #, etc.

3. Mailing Office Address
11524 Wiles Rd.
Suite, Apt. #, etc.

City & State
Parkland, FL. Coral Springs, FL.

Zip Country
33076 USA 33076 USA

4. Date Incorporated or Qualified To Do Business in Florida 08/02

5. FEI Number 34-2072507 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Filing Fee for a Certificate of Status

REINSTATEMENT 03-04

WDR

7. Name and Address of Current Registered Agent

Name Thomas C. Flynn 100036191931

Street Address (P.O. Box Number is Not Acceptable) 6713 NW 127 Terrace 05/12/04 01030 000 **08.75

Suite, Apt. #, Etc.

City Parkland State FL Zip Code 33076

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent Thomas C. Flynn Date 5/3/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Thomas C Flynn	6713 NW 127 Terr.	Parkland, FL. 33076
Sec.	Maria G. Flynn	6713 NW 127 Terr	Parkland, FL. 33076

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 807 or 817, 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 807.0401 or 817.0401, 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: Thomas C Flynn Date 5/3/04 Daytime Phone # (954) 304-1972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED (05/04)

287

April 30, 2004

Department of State
Division of Corporations
409 East Gains St.
Tallahassee, FL 32399

RE: Body Mechanics Wellness, Inc.

Dear Sir or Madam:

Please be advised that we did not receive our 2003 Annual Uniform Business Report.

Our correct address is: *6713 NW 127 Terrace
Parkland, FL 33076*

Please accept this \$308.75 to reinstate and issue a Certificate of Good Standing.

Thank you.

Sincerely,



Thomas Flynn