

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000085292

1. Entity Name
WELLNESS COACH, INC



FILED

06 NOV 16 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262006 REIN-P CR2E098 (11/05)

4. FEI Number
20-2917522

Applied For
Not Applicable

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

Principal Place of Business
964 CASA DEL SOL CIRCLE
ALTAMONTE SPRINGS, FL 32741

Mailing Address
964 CASA DEL SOL CIRCLE
ALTAMONTE SPRINGS, FL 32741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32714

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, PATRICK
964 CASA DEL SOL CIRCLE
ALTAMONTE SPRINGS, FL 32741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32714

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
O'CONNOR, PATRICK
964 CASA DEL SOL CIRCLE
ALTAMONTE SPRINGS, FL 32741 32714

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600081873656
11/16/06--01071--006 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patrick W. O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-716-0691
Daytime Phone *