FILED
07 OCT 16 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000102965

1. Entity Name
AXA WEIGHT LOSS CENTER INC.

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TALLAHASSEE, FLORIDA

REINSTATED W/O PENALTY 10/15/07

10012007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
2950 CRESTWOOD TERRACE MARGATE, FL 33063	2950 CRESTWOOD TERRACE MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8993 Okeechobee Blvd	8993 Okeechobee Blvd
Suite, Apt. #, etc. #114	Suite, Apt. #, etc. #114
City & State West Palm Bch	City & State West Palm Bch, Fl
Zip 33411 Country US	Zip Fl. 33411 Country US

4. FEI Number 68-0636880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AZCANO, XIOMARA
2950 CRESTWOOD TERRACE
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name Azcano, Xiomara
Street Address (P.O. Box Number is Not Acceptable) 8993 Okeechobee Blvd #16
City West Palm Bch FL Zip Code 33411

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] 10/8/07
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, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AZCANO, XIOMARA 2950 CRESTWOOD TERRACE MARGATE, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900110823869 10/16/07--01010--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 10/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/8/07

Dear Karen,

Attached, please find my check in the amount of $150.00 for my filing fees.

I created this corporation a year ago, but because of many delays with city permits, etc. I was not able to actually open my business until just two months ago.

I never received anything in the mail, stating that I had to renew my license, if I would of received something, of carse I would renewed it.

I raw just sent in for a corporate name change because the franchise I own, their corporate office said my corporate name was not approved. So only raw that I sent your office the name change request I was advised that I had to re-instate my corporate name.

RECEIVED
2007 OCT 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA