PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 15 DEC 14 AM 9: 54

DOCUMENT # P13000023052

1. Corporation Name

Global Weight Loss Program, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
3903 Northdale Blvd.	3903 Northdale Blvd.	CR2E081 (11/10)

Suite, Apt #, etc.	Suite, Apt. #, etc.	
Suite 210 East	Suite 210 East	4. Date Incorporated or Qualified To Do Business in Florida 03/12/2103

City & State	City & State	5. FEI Number	Applied For
Tampa, FL	Tampa, FL	46-2246856	Not Applicable

Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED No	$8.75 Additional Fee required for a Certificate of Status
33624	USA	33624	USA		

7. Name and Address of Current Registered Agent

Name

Jitu Mehta

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

18013 Cozumel Isle Drive

Suite, Apt. #, Etc

300280035793
12/14/15--01035--006 **#750.00

City	State	Zip Code
Tampa	FL	33647

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   Date 11-02-2015

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEOP	Haresh Mehta	1840 Southwest 22nd Street PMB 4-906	Miami, FL 33145
PSD	Haresh Mehta	1840 Southwest 22nd Street PMB 4-906	Miami, FL 33145
SEC	C. Christopher Clark	PO Box 49309	Charlotte, NC 28277

10. **E-mail Address:** cclark@ti-law.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F S

SIGNATURE: _____   11-2-15   704-837-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #