APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

`FILED`

`'00 OCT 27 PM 1: 47`

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S77281

1. Corporation Name

TOTAL HEALTH CORPORATION

Principal Place of Business	Mailing Address
1380 NE MIAMI GARDENS DR SUITE 115 N MIAMI BCH FL 33179	1380 NE MIAMI GARDENS DR SUITE 115 N MIAMI BCH FL 33179

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida **09/03/1991**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **65-0288332**	Applied For / Not Applicable
City & State	City & State	6.	$8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip / Country	CERTIFICATE OF STATUS DESIRED ☐	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FRAYND, GERMAN	1380 NE MIAMI GARDENS DR	N MIAMI BCH FL

		`4000034565464--6`
		`-11/16/00--01008--017`
		`****750.00 ****750.00`

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FRAYND, GERMAN 1380 NE MIAMI GARDENS DR. SUITE 115 N MIAMI BCH FL 33179	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State **FL** / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ___ *SIGNATURE REQUIRED* ___ Date 10/18/2000

REGISTERED AGENT MUST SIGN

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., 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.

KE

SIGNATURE: X *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/24/00   305-931-0504

Date   Daytime Phone #

CR2E040 (8/00)