

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000003414**

1. Corporation Name

IDEAL HEALTH, INC

[Signature]

800025526208
12/16/03--01034--027 **750.00

REINSTATEMENT 2003

2. Principal Office Address

100 MARKET ST.

Suite, Apt. #, etc.

203

City & State

PORTSMOUTH, NH

Zip

03801

Country

USA

3. Mailing Office Address

100 MARKET ST.

Suite, Apt. #, etc.

203

City & State

PORTSMOUTH, NH

Zip

03801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

91-2134058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAPETOL CORPORATE SERVICES

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

1333 NORTH OVAL ST.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Gayle Wendle, asst sec

REGISTERED AGENT MUST SIGN

Date **11-25-03**

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
PSD	TODD STANWOOD	4 ILLSEY HILL RD WEST NEWBURY	WEST NEWBURY, MA 01985
VTD	LOUIS DECAPRIO	4 ILLSEY HILL RD	WEST NEWBURY, MA 01985
CD	LUDWELL DENNY	6501 OLD GATE RD	PLANO, TX 75024

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 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.

SIGNATURE:

LOUIS DECAPRIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/03

Date

603.334.3600

Daytime Phone #

CR2E081 (10/02)