

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 16 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

FO40000001628

1. Corporation Name

Healthy Insights, Inc

800085641578

01/23/07--01005--024 \*\*308.75

2. Principal Office Address

12355 DOGLEG DR

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

BOYNTON BEACH FL

City & State

Zip

33437

Country

US

Zip

Country

REINSTATEMENT

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

3/24/2004

5. FEI Number

13-4192811

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

CARYN GOLDBERG, Ph.D.

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

12355 DOGLEG DR.

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

Caryn Goldberg

REGISTERED AGENT MUST SIGN

Date 1/12/07

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
PRES	CARYN GOLDBERG	12355 DOGLEG DR.	BOYNTON BEACH, FL

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 contained in Chapter 119, 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:

Caryn Goldberg CARYN GOLDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Date

561-317-0373

Daytime Phone #

K. Eckel JAN 18 2007

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HEALTHY INSIGHTS, INC.  
12355 Dogleg Drive  
Boynton Beach, FL 33437  
561-317-0373

January 12, 2007

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Annual Report fee and Certificate of Good Standing for Document Number **F04000001628**

To Whom This May Concern:

While applying for a Certificate of Good Standing this week I discovered that my corporation's status has been changed to inactive due to failure to pay the annual report fee for 2006. I was unaware of this because I did not receive the renewal. I believe this is because I moved to another location and the form was not forwarded to my new address:


My OLD address was:  
8865 Okeechobee Blvd #202  
West Palm Beach, FL 33411

My NEW address is:  
12355 Dogleg Drive  
Boynton Beach, FL 33437

I am enclosing a check for the 2006 and 2007 annual report fees as well as the Certificate of Good Standing fee in the amount of \$308.75. Can you please reinstate my active status, reflect the changes to my location, and provide me with a Certificate of Good Standing.

My apologies for overlooking the annual report fee. Thank you for your assistance.

Sincerely,



Caryn Goldberg  
President, HEALTHY INSIGHTS, INC