

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

Jan 09, 2006 8:00 A.M.  
Secretary of State

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F12000000614**

**1. Corporation Name**

HEALTHPOINT & ONE HUNDRED EIGHTY  
DEGREES, INC.

**2. Principal Office Address**

164 LOWER OAK GROVE RD

Suite, Apt. #, etc.

City & State

Frenchtown N. J.

Zip

08825

Country

USA

**3. Mailing Office Address**

245 CLAREMONT LANE

Suite, Apt. #, etc.

City & State

PALM BEACH SHORES FL

Zip

33404

Country

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7-1-02

**5. FEI Number**

421555526

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

Anthony J. GIGLIOTTI

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

245 CLAREMONT LANE

Suite, Apt. #, Etc.

500064058695

01/19/06--01027--012 \*\*100.00

City

PALM BEACH SHORES

State

FL

Zip Code

33404

**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

REGISTERED AGENT MUST SIGN

Date 1-5-06

**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, S, T	Anthony J. Gigliotti	245 CLAREMONT LANE	PALM BEACH SHORES FL 33404

REINSTATEMENT 05-06

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-06

Date

561758-6582

Daytime Phone #