

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 FEB 2 AM 10:27

TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F14000000883

1. Corporation Name

WELLNESS IN THE SCHOOLS, INC.

2. Principal Office Address - No P.O. Box #

31 W 125TH STREET, 5TH FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10027

Country

USA

3. Mailing Office Address

31 W 125TH STREET, 5TH FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10027

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/2014

5. FET Number

25-1919494

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

NRAI SERVICES, INC

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

1200 S PINE ISLAND RD

Suite, Apt. #, etc.

City

PLANTATION

State

FL

Zip Code

33324

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 1/29/2016

REGISTERED AGENT MUST SIGN

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

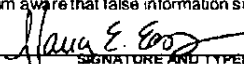
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	KATE HILLIS	151 LAFAYETTE ST 3RD FL	NEW YORK, NY 10013
TD	TOM HARVEY	941 PARK AVE APT 15C	NEW YORK, NY 10028
SD	PATTI TRAINOR-WRAZEJ	107 W 82ND 5B	NEW YORK, NY 10024
ED	NANCY EASTON	31 W 125TH STREET, 5TH FLOOR	NEW YORK, NY 10027
D	AUGUST CARDONA	225 VARICK ST SUITE 303	NEW YORK, NY 10014
D	RICHARD CLARK	4493 VERDICCIO AVE	LAS VEGAS, NV 89141

10. E-mail Address: nancy@wellnessintheschools.org

(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.617.155, F.S.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2016

Date

Daytime Phone

2/2/2016 9:22:33 AM From: To: 8506176384(1/2)

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
WELLNESS IN THE SCHOOLS, INC.**

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