

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96893

**FILED**  
**Dec 07, 2010**  
**Secretary of State**

**Entity Name:** DOCTOR LEWIS J. ARRANDT/WELLNESS CENTER, INC.

**Current Principal Place of Business:**

10651 NO KENDALL DR  
SUITE # 222  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10651 NO KENDALL DR  
STE # 222  
MIAMI, FL 33176

**New Mailing Address:**

10651 NO KENDALL DR  
SUITE # 222  
MIAMI, FL 33176

**FEI Number:** 59-2214193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSS, A.  
OCEAN BANK BUILDING  
780 N.W. 42ND AVENUE, STE. 616  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ABE KOSS, JD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARRANDT, LEWIS J  
Address: 10651 N. KENDALL, #222  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: ESTEVEZ, YELAYNE N  
Address: 6481 SUNSET DRIVE, ORR'S POND  
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEWIS J. ARRANDT DC

PD

12/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date