

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005377

1. Corporation Name
COMPLETE WELLNESS CENTERS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 15 PM 12:21

Principal Place of Business

Mailing Address

1964 HOWELL BRANCH ROAD, SUITE 202
WINTER PARK, FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0420-96-50138-001 \$750.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/97

5. FEI Number

52-1910135

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Add'l Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO CHAIRMAN	JOSEPH RAYMOND, JR.	SUITE 202 1964 HOWELL BRANCH RD	WINTER PARK, FL 32792
COO	SERGIO VALLEJO	SUITE 202 1964 HOWELL BRANCH RD	WINTER PARK, FL 32792
PRESIDENT	MICHAEL BRIGANTE	SUITE 202 1964 HOWELL BRANCH RD	WINTER PARK, FL 32792
CFO	JOHN PAWLOWSKI	SUITE 202 1964 HOWELL BRANCH RD	WINTER PARK, FL 32792
DIRECTOR	EUGENE SHARER	SUITE 202 1964 HOWELL BRANCH RD	WINTER PARK, FL 32792
DIRECTOR	DONALD RADCLIFFE	SUITE 202 1964 HOWELL BRANCH RD	WINTER PARK, FL 32792

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

Suite, Apt. #, Etc.

City

600003050000-9

-11/22/99 01010-011

***150.00 ***150.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-899

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH RAYMOND, JR.

11-10-99

Date

(407) 673-3073

Daytime Phone #

CR2001 (12/98)