

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # G71084

1. Corporation Name

HEALTH, THERAPY & BEAUTY INNOVATIONS, INC.

2. Principal Office Address

757 FORDENGBRIDGE ROAD

Suite, Apt. #, etc.

City & State

OSPREY, FL

Zip

34229

Country

US

3. Mailing Office Address

PO BOX 1144

Suite, Apt. #, etc.

City & State

OSPREY, FL

Zip

34229

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 12-03-83

5. FEI Number

59-2348285

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

BETTY NADAL

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

757 FORDENGBRIDGE ROAD

Suite, Apt. #, Etc.

300030943123

03/23/04--01095--025 **300.00

City

OSPREY

State

FL

Zip Code

34229

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

Betty Nadal

REGISTERED AGENT MUST SIGN

Date 03-12-04

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
D/P	NADAL, JOHN A.	757 FORDENGBRIDGE DRIVE	OSPREY, FL 34229
D/VP	NADAL, BETTY	757 FORDENGBRIDGE DRIVE	OSPREY, FL 34229
T/S	NADAL, BETTY	757 FORDENGBRIDGE DRIVE	OSPREY, FL 34229

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 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:

Betty Nadal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-04

Date

941-330-8000

Daytime Phone #

CR2E081 (01/04)