PLEASE READ ALL INSTRUCTIONS BEFORE C			OMPLETING THIS FORM.	
APPLICATION	FLORIDA DEPARTMEI	1	cont E	
FOR	Katherine Ha	1	· Au	
REINSTATEMENT	Secretary of S		FILED	
DOGUMENT # 481500			00 JAN -4 AM 8:41	
1. Conforation Name The Health STORE, INC.			SECRETARY OF STATE TALUATIASSEE, FLORIDA	
,, , , , , , , , , , , , , , , , ,			TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
3801 W. LAKE MARY BIVD. 4009 Shady Oak CT. Suite # 155 LAKE MARY BIVD. LAKE MARY Pl. 32746				
Suite # 155 Lake Mary , Pl.		Pl.		
Lake Mary, Pl. 32746			REINSTATEMENT 99	
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				
	4009 Shady OAK CT.		4. Date Incorporated or Qualified To Do Business in Florida 1989	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State	City & State Mary 2/		59-2948350 Not Applicable	
Zip Country	Zip Coentr	S A	6. CERTIFICATE OF STATUS DESIRED 6 S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	tions must list at least		
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Z			City / State / Zip	
1 2 3 (Do NOT Use Post Office Box N		imbers) 4		
Praider Thomas D. Robert 4009 Shady DAK CT Lake Mary Pl. 3274				
1 - 01 LAte Mary Et				
Secretary MOMAS D. Robare 35746 LAKE MARY M. 3274				
'	7009 5	hady DAL	e CT.	
			8000030395783	
			-01/14/0001094006	
			****758.80 ****750.00	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
Thomas D. Robare 4009 Shady Dale CT. LALCE MARY, Fl. 32746		Name		
		Name Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Etc		
		Suite, Apt. #, Etc.		
		City State Zip Code		
10. I, being appointed the registered agent of the abov	e named corporation, am familiar wi	th and accept the obli	gations of Section 607.0505, F.S.	
Signature of 12/21/66				
Registered Agent REC	NISTERED AGENT MUST SIGN		Date 1431 79	
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 filling				
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 indigated.				
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
All				
SIGNATURE SIMILATINE AND TYPET OF POIN	TED NAME OF SIGNING OFFICER OF D	D. KobA	re 12/3/99 (407) 524-75/2	
SIGNATURE AND TYPED OF PRIN	TED MARIE OF SIGNAING BAPICER OF L	a, 🕶	Date Daytime Phone #	