

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K81506

1. Corporation Name

The Health Store, Inc.

2. Principal Office Address

3801 W. LAKE MARY BLVD.

Suite, Apt. #, etc.

155

City & State

LAKE MARY, FL.

Zip

32746

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

59-2948350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Thomas D. Robare

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

170 S. ORANGE AVE.

Suite, Apt. #, Etc.

600030505276

03/16/04--01026--005 **300.0

City

SANFORD

State

FL

Zip Code

32771

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

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Thomas D. Robare | 170 S. ORANGE AVE. | SANFORD, FL 32771 |
| Secretary | SAME | SAME | SAME |
| Treasurer | SAME | SAME | SAME |
| | | | |
| | | | |
| | | | |

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:

Thomas D. Robare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

Date

Daytime Phone #

3/11/04
Florida Division of Corporations:
Attention: Sharon

Re: The Health Store, Inc.

Per my conversation 3/10/04 with Karen Gibson, it was brought to my attention that our corporation had been dissolved for failure to submit the unexpired business report or Corporate Statement. After further checking it was found to be sent to an incorrect address. I am submitting \$300.00 for reinstatement fee and the correct address it should be sent to in the future.

Thank you,

Miss Thomas Bohan