

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JUN 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L53429

1. Corporation Name

ALPHA WEIGHT CONTROL CENTER, INC.

2. Principal Office Address

142 S. Semoran Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

142 S. Semoran Blvd.
Suite, Apt. #, etc.

City & State

Orlando, FL

Zip Country
32807 USA

City & State

Orlando, FL

Zip Country
32807 USA

REINSTATEMENT

99-01

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1990

5. FEI Number

59-2992432

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

IVAN M. LEFKOWITZ

200004460942--6

-07/06/01--01014--001

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

LEFKOWITZ & BLOOM, P.A.

***1050.00 ***1050.00

Suite, Apt. #, Etc.

430 NORTH MILLS AVENUE.

City

ORLANDO

State

FL

Zip Code

32803

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

Ivan M. Lefkowitz
REGISTERED AGENT MUST SIGN

Date 6-19-01

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	RANDALL B. GREEN, D.O.	142 S. Semoran Blvd.	Orlando, FL 32807
P.S.T.	PAUL R. SPRAGUE	142 S. Semoran Blvd.	Orlando, FL 32807

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.

By: RANDALL B. GREEN, D.O.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01

Date

Daytime Phone#

(407) 267-1229

CR2E081 (9/00)