

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 29 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000443

1. Corporation Name

The Soul-ution Center, Inc.

2. Principal Office Address

4280 N. Highway 19A

Suite, Apt. #, etc.

Unit 2

City & State

Mount Dora, Florida

Zip

32757

Country

USA

3. Mailing Office Address

4280 N. Highway 19A

Suite, Apt. #, etc.

Unit 2

City & State

Mount Dora, Florida

Zip

32757

Country

USA

REINSTATEMENT 02-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-18-2001

5. FEI Number

59-3673582

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

Andrea C. Purdon

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

37940 Apiary Road

Suite, Apt. #, Etc.

City

Grand Island, Florida

State

FL

Zip Code

32735

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

Rev. Andrea C. Purdon

Date 11/18/05

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
T	Andrea C. Purdon	37940 Apiary-Road	Grand Island, FL 32735
T	Mary Rose Gray	807 Fahnstock Street	Eustis, FL 32726
T	Diana Kay Reed	16738 County Road 448	Mount Dora, FL 32757
T	Eleanor Bently	1390 East Lakeview	Eustis, FL 32726

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:

Rev. Andrea C. Purdon

Andrea C. Purdon

11/18/05

352-357-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #