

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 30 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400021021154
07/09/03--01011--028 **8.75

REINSTATEMENT

0203

DOCUMENT # **NO1000003460**
1. Corporation Name
PROJECT WELLNESS, INC.

2. Principal Office Address
1424 W. TENNESSEE ST.
Suite, Apt. #, etc.

3. Mailing Office Address
1424 W. TENNESSEE ST.
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL.
Zip
32304
Country
LEON

City & State
TALLAHASSEE, FL.
Zip
32304
Country
LEON

4. Date Incorporated or Qualified
To Do Business in Florida **05/17/2001**
5. FEI Number
59-3720248
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
Janet G. Johnson DO
Street Address (P.O. Box Number is Not Acceptable)
1424 W. Tennessee N/A
Suite, Apt. #, Etc.
City
Tallahassee FL

400021021154
06/20/03--01004--001 **175.00
400021021154
06/20/03--01004--002 **122.50
400021021154
06/20/03--01004--003 **8.75
State
FL
Zip Code
32304

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

N/A Janet Johnson DO
REGISTERED AGENT MUST SIGN

Date

N/A 6/26/03

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
EXEC. DIRECTOR	Clovel J. Williams, Ph.D.	2136 Shady Oaks Drive	Tallahassee, FL. 32303
DIRECTOR	Arthur K. Payne, Jr	524 West Tharpe St Apt. 42	Tallahassee, FL 32303
BOARD CHAIRMAN	Janet G. Johnson, D.O.	561 Rawls Rd.	Tallahassee, FL. 32312
DIRECTOR	Jennifer P. Williams, D.O.	P. O. Box 37051	Tallahassee, FL. 32315

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-16-03

Date

Daytime Phone #

(850)-322-2895

CR2E081 (10/02)