

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005101

**1. Corporation Name**

ONE STOP MEN'S HEALTH, INC

1612 BEAR CROSSING CIRCLE

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**2. Principal Office Address**

1612 BEAR CROSSING CIRCLE

Suite, Apt. #, etc.

**3. Mailing Office Address**

1612 BEAR CROSSING CIRCLE

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

City & State

APOPKA, FLORIDA

Zip

32703

Country

USA

Zip

32703

Country

USA

100039311921  
07/19/04--01072--007 \*\*358.75  
**REINSTATEMENT 02-04**

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

7-17-01

**5. FEI Number**

03-0545597

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

ANTHONY J. WASHINGTON

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

1612 BEAR CROSSING CIRCLE

Suite, Apt. #, Etc.

City

APOPKA, FLORIDA

State  
FL

Zip Code  
32703

**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

*Anthony J. Washington*  
REGISTERED AGENT MUST SIGN

Date

7-16-04

**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	ANTHONY J WASHINGTON	1612 BEAR CROSSING CIRCLE	APOPKA, FLORIDA 32703
D	BARBARA P CARROLL	6533 POMEROY CIRCLE	ORLANDO, FLORIDA 32801
D	EUGENE SMITH	3431 W. CHURCH STREET	ORLANDO, FLORIDA 32805

**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:

*Anthony J. Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-16-04

Daytime Phone #

(407) 295-2639

CR2E081 (01/04)