

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006826

FILED
Oct 20, 2004
Secretary of State**Entity Name:** FREEWELLNESSTEST.COM, INC.**Current Principal Place of Business:**4920 SW 17TH AVENUE
CAPE CORAL, FL 33914**New Principal Place of Business:****Current Mailing Address:**4920 SW 17TH AVENUE
CAPE CORAL, FL 33914**New Mailing Address:****FEI Number:** 03-0528606 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**MIEDEL, WILLIAM
4920 SW 17TH AVENUE
CAPE CORAL, FL 33914 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MIEDEL, WILLIAM
Address: 4920 SW 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914**Title:** STD () Delete
Name: SANGELO, KATHLEEN
Address: 4920 SW 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914**Title:** D () Delete
Name: WOOD, NICOLE
Address: 4920 SW 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MIEDEL

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date