

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003384

1. Corporation Name

PROSPER AND BE IN HEALTH, INC.

2. Principal Office Address - No P.O. Box #

8521 ESTATE DRIVE

3. Mailing Office Address

8521 ESTATE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

City & State

WEST PALM BEACH, FLORIDA

Zip

33411

Country

USA

Zip

33411

Country

USA

000162843820
11/16/09--01028--024 **245.00

CR2E081 (12/08)
REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2007

5. FEI Number
02-0600680

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

DANIELLE M. ESTERS, MD

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

8521 ESTATE DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FLORIDA

State

FL

Zip Code

33411

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Danielle M. Esters

REGISTERED AGENT MUST SIGN

000162843820
01/05/10--01002--002 **32.50
Date 11/04/09

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
PD	DANIELLE M. ESTERS, MD	8521 ESTATE DRIVE	WEST PALM BEACH, FL 33411
VD	FREDERICK E. ESTERS	8521 ESTATE DRIVE	WEST PALM BEACH, FL 33411
STD	KEITH ROLLE	4319 MEDICAL DRIVE, SUITE 131-12	SAN ANTONIO, TEXAS 78229
D	OTHELLA HENDERSON	11575 CLARIDGE DRIVE	RANCHO CUCAMONGA, CA 91730

000162843820
01/05/10--01002--002 **3.75

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 contained in Chapter 119, 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:

Danielle M. Esters

Danielle M. Esters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/09

Date

561-753-0721

Daytime Phone #