

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 FEB -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N1100000 8456

1. Corporation Name

Havana Health and Wellness and Training
Center, INC.

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

101 Cherry Ave

Suite, Apt. #, etc.

3. Mailing Office Address

101 Cherry Ave

Suite, Apt. #, etc.

City & State

Havana FL

City & State

Havana FL

Zip

32333

Country

Zip

32333

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/2011

5. FEI Number

45-3183145

☐ 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

Shirley Aaron

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

101 Cherry Ave

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

600308824966

02/05/18--01004--007 *\$297.50

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

Shirley L. Aaron

REGISTERED AGENT MUST SIGN

Date 2/5/2018

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
<u>title officer</u>	<u>Nell Cunningham</u>	<u>301 Bostic Road</u>	<u>Havana / FL / 32333</u>

10. E-mail Address: AAaronSI@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

Shirley L. Aaron Shirley L. Aaron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/18

Date

850-539-4362

Daytime Phone #