

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000005007

FILED
Mar 03, 2014
Secretary of State

Entity Name: DAVIDS HOLISTIC CARE CENTER INC.

Current Principal Place of Business:

3540 LAKE TINY CIRCLE
ORLANDO, FL 32818 US

New Principal Place of Business:

1400 JEFFERSON STREET
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

3540 LAKE TINY CIRCLE
ORLANDO, FL 32818 US

New Mailing Address:

1400 JEFFERSON STREET
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 45-1058188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, DAVID C
3540 LAKE TINY CIRCLE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

WADE, DAVID C
1400 JEFFERSON STREET
NEW SMYRNA BEACH, FL 32168 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: DAVID C. WADE

03/03/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: WADE, DAVID C
Address: 1400 JEFFERSON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T
Name: WADE, DORETHA F
Address: 1400 JEFFERSON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T
Name: WADE, MALIK A
Address: 1400 JEFFERSON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32818 US

Title: S
Name: O'NEAL, SHLIAL
Address: 7200 NW 2ND AVE UNIT 52
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: DAVID C. WADE

PTD

03/03/2014

Electronic Signature of Signing Officer or Director

Date