

Amended 2000 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT -3 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 28849

1. Corporation Name

The Body Positive Resource Center, Inc

2. Principal Office Address

175 N.E. 36th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33137

Country

DADE

3. Mailing Office Address

6360 Pelican Bay Blvd.

Suite, Apt. #, etc.

401C

City & State

NAPLES, FL

Zip

34108

Country

COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 13, 1988

5. FEI Number

65-0077571

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

DORIS Feinberg

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

6360 Pelican Bay Blvd.

Suite, Apt. #, Etc.

401C

City

NAPLES

9000034150891-2

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****131.25 ****78.75

State

FL

Zip Code

34108

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

Doris Feinberg
REGISTERED AGENT MUST SIGN

Date 9-18-2000

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
PTD	DORIS Feinberg	6360 Pelican Bay Blvd.	NAPLES, FL. 34108
VP&D	DAVID Feinberg	6360 Pelican Bay Blvd.	NAPLES, FL. 34108
D	PAMALA CRESPO	9001 No. LAKE DASHA DR.	PLANTATION, FL. 33324

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

Doris Feinberg President, DORIS Feinberg - 9-18-2000 - 941-597-9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)