

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

01 SEP 27 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036470

1. Corporation Name

BEYOND 20/20, Inc.

2. Principal Office Address

2889 Tenth Avenue North

Suite, Apt. #, etc. 306

City &amp; State

Lake Worth

Zip

33461

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City &amp; State

Florida 33461

Zip

same

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

April 11, 2000

5. FEI Number

65-1001317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2001

## 7. Name and Address of Current Registered Agent

Name

Nancy L. Shipley

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

2889 10th Avenue North

Suite, Apt. #, etc.

#306

City

Lake Worth

State  
FL

Zip Code

33461

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

REGISTERED AGENT MUST SIGN

Nancy L. Shipley, CEO

Nancy L. Shipley

Date 9/25/01

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| CEO    | Nancy L. Shipley                     | 2889 10th Avenue North, #306                      | Lake Worth, Florida 33461 |
| D      |                                      |   |                           |
| PD     | Tom M. Coffman, M.D.                 | 2889 10th Avenue North, #306                      | Lake Worth, Florida 33461 |
| SD     | Madonna Coffman                      | 2889 10th Avenue North, #306                      | Lake Worth, Florida 33461 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

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:

Nancy L. Shipley, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01

Date

561-227-3100

Daytime Phone #