

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Catherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

192

01-02 UBR

**DOCUMENT #** P00000102497

**1. Corporation Name**

BACK IN ACTION HEALTH CENTERS, INC.

**2. Principal Office Address**

600 N. Congress Ave

**3. Mailing Office Address**

600 N. Congress Ave.

**Suite, Apt. #, etc.**

Suite 430A

**Suite, Apt. #, etc.**

Suite 430A

**City & State**

Delray Beach, FL

**City & State**

Delray Beach, FL

**Zip**

33445

**Country**

USA

**Zip**

33445

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/01/00

**5. FEI Number**

65-1052562

**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**

Joseph Nitti

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

600 N. Congress Avenue

**Suite, Apt. #, Etc.**

Suite 430A

**City**

Delray Beach

**State**  
FL

**Zip Code**  
33444

**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

**Date**

12/31/01

**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
PSTD	Joseph Nitti	600 N. Congress Avenue	Delray Beach, FL 33445

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/01  
Date

Daytime Phone #

**RIEK M. MORSE, C.P.A., P.A.**

2002

Certified Public Accountant  
1700 University Drive, Suite 300  
Coral Springs, Florida 33071  
(954) 752-2828, Fax (954) 752-3232  
Toll Free (877) RIC-1040

January 4, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Document #: P00000102497  
FEIN: 65-1052562  
Form: 2001 Annual Report

RE: Back in Action Health Centers, Inc.

Gentlemen:

We would appreciate your cooperation reinstating the 2001 Annual Report for Back in Action Health Centers, Inc.

Back in Action Health Centers, Inc. originally was located at 2455 Lindell Boulevard Unit 3309, Delray Beach, FL 33444. The office was moved to 600 N. Congress Ave. Suite 430A, Delray Beach, FL 33445. All mail was to be forwarded to this new address, however not all mail was received. The old address was re-rented and mail received for Back in Action Health Centers, Inc. was never forwarded by the new tenant. Back in Action Health Centers did not receive the original 2001 Annual Report sent to all corporations by the Florida Dept. of State.

If Back in Action Health Centers, Inc. had received the 2001 Annual Report, it would have been timely filed to the Florida Dept. of State.

Enclosed please find the Corporation Reinstatement form and payment of \$300 for Back in Action Health Centers, Inc.

If there is any additional information needed, please feel free to contact me.

Yours truly,



Rick M. Morse, C.P.A.