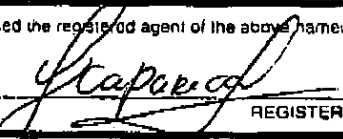
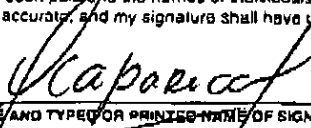


H02000094181 3 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 APR 22 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000110874					
1. Corporation Name WELLNESS ACADEMIES, INC.					
2. Principal Office Address 650 West Ave Suite, Apt. #, etc. 1210 City & State Miami-Beach FL Zip 33139 Country USA		3. Mailing Office Address 650 West Ave Suite, Apt. #, etc. 1210 City & State Miami-Beach FL Zip 33139 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 11-30-2000.	
5. FEI Number 65-1057930				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				§ 675. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PAULO CAPARICA					
Street Address (P.O. Box Number is Not Acceptable) 650 West Ave					
Suite, Apt. #, Etc. 1210					
City MIAMI BEACH				State FL	Zip Code 33139
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 4-15-2002.					
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	
D	CAPARICA, PAULO	650 West Ave , #1210		MIAMI BEACH, FL 33139.	
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: 				4-15-2002.	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

H02000094181 3

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H02000094181 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

WELLNESS ACADEMIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00