

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000022756**

1. Corporation Name

Touch of Health And Wellness INC.

2. Principal Office Address

1910 NORTH 54TH AVENUE

3. Mailing Office Address

1910 NORTH 54 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33021

Country

Broward

Zip

33021

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03-11-01

5. FEI Number

30-0080540

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

DONALD E. THOMASSINI

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

1910 NORTH 54 AVENUE

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Donald E. Thomassini

REGISTERED AGENT MUST SIGN

Date **04-10-03**

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
P	DONALD E. THOMASSINI	1910 N 54 AVENUE	Hollywood, Florida 33021

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:

Donald E. Thomassini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-03 (954) 981-2689

Date

Daytime Phone #

CR25081 (10/02)

g 4/16

04/10/03

To whom it may concern,

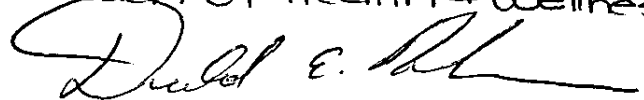
This is to certify that I, Donald E. Thomassini, did not receive the Uniform Business Report, which I was suppose to receive for my corporation report, Touch Of Health and Wellness. Please send it to:

1910 N 54th Avenue
Hollywood, FL 33031

Contact me at: 954-961-2689

Sincerely,

Touch Of Health + Wellness



Donald E. Thomassini