

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV 13 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P01000035862

Today + Beyond Wellness
Centers, Corp.

2. Principal Office Address - No P.O. Box #

18139 NW 90 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

MIAMI FLORIDA

City & State

FLORIDA

Zip

33018

Country

DADE

Zip

Country

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

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

MAYDA WILTZ

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

18139 N.W. 90 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33018

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

x MAYDA WILTZ

Date

11/8/07

REGISTERED AGENT MUST SIGN

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
Pres	MAYDA WILTZ	18139 NW 90 Ave	MIAMI, FL 33018

11/11/07

200112237062
11/13/07--01054--020 **1200.00

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 contained in Chapter 119, 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:

x MAYDA WILTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/07

Date

305-823-6440

Daytime Phone #