

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000035862**

1. Corporation Name

TODAY & BEYOND WELLNESS CENTERS, CORP.

Principal Place of Business

Mailing Address

**7920 N.W. 179TH STR.
MIAMI FL 33015**

**7920 N.W. 179TH STR.
MIAMI FL 33015**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

7920 N.W. 179th Str.

Suite, Apt. #, etc.

City & State

Hialeah, FL 33015

City & State

Zip

33015

Country

DADE

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2001

5. FEI Number

65-1094311

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KOURI, MAYDA	7920 N.W. 179TH STR.	MIAMI FL 33015

**000025509110
12/15/03--01052--003 **150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KOURI, MAYDA
7920 N.W. 179TH STR.
MIAMI FL 33015**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Mayda Kouri
REGISTERED AGENT MUST SIGN

Date **10/10/03**

11. 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 REQUIRED
Mayda Kouri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

Today & Beyond Wellness Center

7920 N.W. 179 Street

Miami, Fl. 33015

Office: 305-823-6440

Fax: 305-823-6279

Attn: UBR

From: Mayda Kouri

Subject: UBR Notices Not Received

To Whom It May Concern:

Today, October 15, 2003 I, Mayda Kouri received this notice stating that my corporation has been dissolved. My prior office address was 1140 West 50 Street Suite 407 in Hialeah, Fl. 33012. However, this is an old address and we have not been located there for over a year and many months. I did not receive any notifications before this one. Please consider.

Sincerely,



Mayda Kouri,
President-Owner



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 26, 2003

TODAY & BEYOND WELLNESS CENTERS, CORP.
7920 N.W. 179TH STR.
HIALEAH, FL 33015

SUBJECT: TODAY & BEYOND WELLNESS CENTERS, CORP.
Ref. Number: P01000035862

We have received your document for TODAY & BEYOND WELLNESS CENTERS, CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

Our office will consider waiving the reinstatement fee provided you return your corrected document, your letter requesting a waiver, this letter and your check(s) totaling \$150.00 within 30 days of the date of this letter.

After the corrections have been made, please return the report to Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 003A00064057