

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047218

1. Corporation Name

HEALTH CONCEPTS MANAGEMENT, INC.

300035553463  
05/06/04--01016--003 \*\*1200.00

**REINSTATEMENT** 02-04

2. Principal Office Address

2911-A N. MILITARY TRAIL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33409

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/01

5. FEI Number

65-1098977

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

SUZANNE M. PEOPLES

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

2911-A N. MILITARY TRAIL

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State  
**FL**

Zip Code

33409

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

Suzanne M. Peoples  
REGISTERED AGENT MUST SIGN

Date 3/24/04

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
<u>PRES</u>	<u>SUZANNE M. PEOPLES</u>	<u>1250 PINE SAGE CIRCLE</u>	<u>WEST PALM BEACH FL 33409</u>

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:

SUZANNE M. PEOPLES

Suzanne M. Peoples  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04  
Date

561-687-5880  
Daytime Phone #

CR2E081 (01/04)