

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 24 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000049843

1. Corporation Name

LIVING WELL LADY, INC

2. Principal Office Address

650 12th ST

Suite, Apt. #, etc.

City & State

VERO BEACH, FLA

Zip

32960

Country

USA

3. Mailing Office Address

650 12th ST

Suite, Apt. #, etc.

City & State

VERO BEACH, FLA

Zip

32960

Country

USA

200037791372

06/03/04--01019--017 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-01

5. FEI Number

651105066

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

R. BARATTINI

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

650 12th ST

Suite, Apt. #, Etc.

City

VERO BEACH, FLA 32960

State

FL

Zip Code

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

[Signature]

Date

5/24/04

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
<u>P/S</u>	<u>R. BARATTINI</u>	<u>650 12th ST</u>	<u>VERO BEACH, FL</u> <u>32960</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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/04

Daytime Phone #

CRCE081 (01/04)

2012

To Whom it may concern

I did not receive the
2002 1st or 2nd notice annual
report for Living Well Lady, Inc.

[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA