

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000063646**

1. Corporation Name

HEALTHY BODIES HEALTHY SOULS, INC.

Principal Place of Business

10031 NW 51ST LN
MIAMI, FL 33178

Mailing Address

P.O. BOX 527226
MIAMI FL 33152



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

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1113659

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SILVA, RODOLFO	10031 NW 51ST LN	MIAMI, FL 33178

500008697145
10/30/02--01048--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVA, RODOLFO
10031 NW 51ST LN
MIAMI, FL 33178

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

A.A. →

SIGNATURE REQUIRED

Date

8-25-02

REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silva, Pres.

Date

Daytime Phone #

CR2E040 (8/02)