

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000071849

FILED
Oct 08, 2007
Secretary of State

Entity Name: THE WELLNESS EXPERIENCE, INC.

Current Principal Place of Business:

21073 N POWERLINE RD
STE 31
BOCA RATON, FL 33433

New Principal Place of Business:

9825 SW 18TH ST
STE 200 & 300
BOCA RATON, FL 33428

Current Mailing Address:

21073 N POWERLINE RD
STE 31
BOCA RATON, FL 33433

New Mailing Address:

9825 SW 18TH ST
STE 200 & 300
BOCA RATON, FL 33428

FEI Number: 65-1123533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURICH, RANDALL F
8933 ALEXANDRA CIR.
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RANDALL F LAURICH, D.C.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAURICH, RANDALL F
Address: 8933 ALEXANDRA CIR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL F LAURICH, D.C.

D

10/08/2007

Electronic Signature of Signing Officer or Director

Date