

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 OCT 15 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000082425

1. Corporation Name

CENTER FOR WELLNESS AND DISEASE PREVENTION, INC.

Principal Place of Business -

Mailing Address

650 WYMORE RD. STE 202
WINTER PARK FL 32789

650 WYMORE RD. STE 202
WINTER PARK FL 32789

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

59-3744463

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
P	LEWIS, GIDEON G DR	650 WYMORE RD SUITE 202	WINTER PARK FL 32789
VP	DAVIS, CHANDRE MRS	2110 DEFOORS FERRY RD D-5 650 Wymore Rd Suite 202	ATLANTA GA 30318 Winter Park, FL 32789
T	DAVID, JEFFREY MR DAVIS	2113 DEFOORS FERRY RD D-5 650 Wymore Rd Suite 202	ATLANTA GA 30318 Winter Park, FL 32789

800023820778
10/15/03--01062--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEWIS, GIDEON DR.
650 WYMORE RD, STE 202
WINTER PARK FL 32789

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Chandre Davis 10/9/03 3213568365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Center for Wellness & Disease Prevention, Inc.

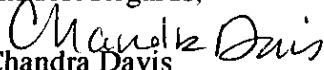
650 Wymore Rd. Suite 202 Winter Park, FL 32789

To whom it may concern:

We did not receive the two prior uniform business reports. As instructed we are submitting this letter for the reinstatement fee to be waived as well as including the filing fee without penalty of \$150.00.

If there are any questions, please contact me at 321.356.8365.

Kindest Regards,


Chandra Davis

V.P. Center for Wellness and Disease Prevention, inc.

(321) 356-8365

davis20616@amerireach.com