

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700016061477
04/15/03--01023--004 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SOUL 2 SOUL YOGA, INC

P01000088714

2. Principal Office Address

1905

Suite, Apt. #, etc. S. MUNICIPAL LN

UNIT C

City & State

MELBOURNE, FL

Zip

32901

Country

BREVARD

3. Mailing Office Address

P.O. Box 1853

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32902

Country

BREVARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/10/01

5. FEI Number

59-3744247

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

O'BRIEN JAMES M ESQ.

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

1686 W. HIBISCUS BLVD.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

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
P	ANNETTE M. ARMSTRONG	2012 GRANT PL #14	MELBOURNE, FL 32901
D	SCOTT ARMSTRONG	2012 GRANT PL #14	MELBOURNE, FL 32901

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:

ANNETTE M. ARMSTRONG

ANNETTE M. ARMSTRONG

4.9.03

321.9644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)

25 4/15

The following items have been included:

1. Request to waive reinstatement fee
2. Corporation Reinstatement Form
3. Reinstatement Check # 770 in the amount of \$300

If you have any questions, please feel free to contact: Annette M. Armstrong
321.693.9644

Sincerely


Annette M. Armstrong

4.9.03

To: Florida Department of State
Division of Corporations

Re: Soul 2 Soul Yoga, Inc.
P01000088714
Reinstatement Fee of \$300
Waive \$600 fee

To Whom It May Concern,

Please waive the \$600 reinstatement fee due to the fact that I did not receive any notice for 2002. If you have any questions regarding this matter, please contact Annette M. Armstrong at 321.693.9644. I appreciate your help in this matter.

Sincerely,


Annette M. Armstrong
President