


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

663 75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY - 5 AM 3:38

DOCUMENT # DB1000108746

1. Corporation Name

Wellness Concepts of Daytona Beach Inc.

2. Principal Office Address

447 S. Nova Rd.

Suite, Apt. #, etc.

City & State

Ormond Beach

Zip

32174

Country

USA

3. Mailing Office Address

660 S. Beach St.

Suite, Apt. #, etc.

City & State

Ormond Beach

Zip

32174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/2001

5. FEI Number

59-3302167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

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05/08/03--01065--009 **663 75
REINSTATEMENT 02.03

11/26/02 01032 006

236.25

7. Name and Address of Current Registered Agent

Name

Jeffrey M. Cullers LMT

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

660 S. Beach St.

Suite, Apt. #, Etc.

City

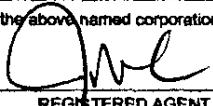
Ormond Beach

State
FL

Zip Code
32174

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



Date 4/29/2003

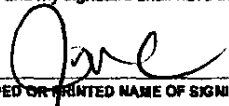
REGISTERED AGENT MUST SIGN

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
CEO	Jeffrey M. Cullers	660 S. Beach St.	OB, FL 32174

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2003 (386)316-4255

Date

Daytime Phone #

CR2E081 (10/02)

5/5/03
an