11-14-'05 10:19 FROM- T-079 P02/03 U-849

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED 05 NOV 18 AM 10:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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REINSTATEMENT 05

T. Roberts NOV 21 2005

DOCUMENT # P01000120987

1. Entity Name
BRZEZINSKI WEIGHT LOSS, P.A.

Principal Place of Business	Mailing Address
848 1ST AVENUE NORTH SUITE 300 NAPLES, FL 34102	848 1ST AVENUE NORTH SUITE 300 NAPLES, FL 34102

11142005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
311 9th St. N	311 9th St. N.
Suite, Apt. #, etc.: Ste 310	Suite, Apt. #, etc.: Ste 310
City & State: Naples FL	City & State: Naples FL
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. FEI Number: 30-0014975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRZEZINSKI, DIANE D.O.
311 9TH ST. N.
SUITE 310
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________ 11/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BRZEZINSKI, DIANE D.O. ☐ Delete	NAME	600061551256
STREET ADDRESS	848 1ST AVENUE NORTH SUITE 300	STREET ADDRESS	11/18/05--01050--011 **150.00
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ 11/14/05 2392619990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #