2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2005
Secretary of State

DOCUMENT# P02000017223

Entity Name: EVOLVE WELLNESS STUDIOS & DAY SPAS, INC.

Current Principal Place of Business:

908 RIVERSIDE DRIVE
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

908 RIVERSIDE DRIVE
SUITE 302
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 27-0003916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAYGOOD, CAROLYN R
908 RIVERSIDE DR
PALMETTO, FL 34221 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: CAROLYN R. WAYGOOD
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: PD ( ) Delete
Name: WAYGOOD, CAROLYN
Address: 4311 CALOOSA DRIVE
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete
Name: HIERAK, ROBERT J
Address: 4215 CALOOSA DRIVE
City-St-Zip: PALMETTO, FL 34221

Title: VD (X) Delete
Name: WAYGOOD, CHARLES M JR.
Address: 4311 CALOOSA DRIVE
City-St-Zip: PALMETTO, FL 34221

Title: VD (X) Delete
Name: SCHIMPF, JAMES J
Address: 4007 BANBURY CIRCLE
City-St-Zip: PARRISH, FL 34219

Title: TS (X) Delete
Name: SCHIMPF, MARIEZ R
Address: 4007 BANBURY CIRCLE
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WAYGOOD, CAROLYN
Address: 4215 CALOOSA DRIVE
City-St-Zip: PALMETTO, FL 34221

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J. HIERAK MR. 10/19/2005
Electronic Signature of Signing Officer or Director — Date