

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029944

1. Corporation Name

HEALINGEDGE WELLNESS CENTER INC.

2. Principal Office Address

150 N.W. 168TH STREET

3. Mailing Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE #350

Suite, Apt. #, etc.

SUITE #3000

City & State

NORTH MIAMI BEACH, FL

City & State

MIAMI, FLORIDA

Zip

33169

Country

Zip

33131

Country

REINSTATEMENT 03-04

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

5. FEI Number
02-0583963

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

INTRASTATE REGISTERED AGENT CORPORATION

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

701 BRICKELL AVENUE

700036199407

05/12/04--01043--018 **300 00

Suite, Apt. #, Etc.

SUITE #3000

City

MIAMI

State
FL

Zip Code
33131

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**

INTRASTATE REGISTERED AGENT CORPORATION

Date

4/29/04

BY: JORGE L. HERNANDEZ-JOYANO, VP

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
D, P, CEO	ZAMOR, JOSETTE	150 N.W. 168TH STREET #350	N. MIAMI BEACH, FL 33169
D, T, S	ZAMOR, ETZER	150 N.W. 168TH STREET #350	N. MIAMI BEACH, FL 33169

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

JOSETTE ZAMOR

4/28/04 305/652-9415

Date

Daytime Phone #

CR2E081 (01/04)

HOLLAND & KNIGHT LLP

701 Brickell Avenue, Suite 3000
P.O. Box 015441 (ZIP 33101-5441)
Miami, Florida 33131

305-374-8500
305-789-7799 Fax
www.hklaw.com

Annapolis	San Antonio
Atlanta	San Francisco
Bethesda	Seattle
Boston	Tallahassee
Bradenton	Tampa
Chicago	Washington, D.C.
Fort Lauderdale	West Palm Beach
Jacksonville	International Offices:
Lakeland	Caracas*
Los Angeles	Helsinki
Miami	Mexico City
New York	Rio de Janeiro
Northern Virginia	São Paulo
Orlando	Tel Aviv*
Portland	Tokyo
Providence	
St. Petersburg	*Representative Office

April 30, 2004

Florida Secretary of State
Attn: Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **2004 Reinstatement for Healingedge Wellness Center, Inc.**
(the "Company") / Document No. P02000029944

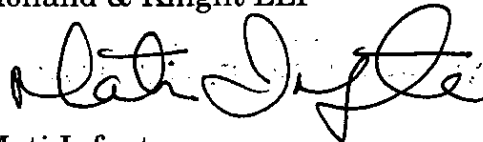
Dear Mr. Toner:

Enclosed is a completed Reinstatement Application for the Company. Please note that the Company did not receive the 2003 annual report. At this time we have included a check payable to "Florida Department of State" in the amount of \$300.00 representing the \$150.00 annual fee for the year 2003 and the year 2004. We would appreciate you waiving the reinstatement fee for the Company.

Thanking you in advance.

Very truly yours,

Holland & Knight LLP



Mati Infante
Entity Maintenance