

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048640

1. Corporation Name

ULTIMATE BODY SCAN, INC.

Principal Place of Business

100 EAST LINTON BOULEVARD  
SUITE 403B  
DELRAY BEACH FL 33483

Mailing Address

100 EAST LINTON BOULEVARD  
SUITE 403B  
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14545-J Military Tr.  
Ste 339  
City & State  
Delray Beach, FL

Zip  
33484

Country  
USA

3. New Mailing Office Address, If Applicable

14545-J Military Tr.  
Ste 339  
City & State  
Delray Beach FL

Zip  
33484

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/2002

5. FEI Number

04365880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	PARKER, KRISTIN	100 EAST LINTON BOULEVARD 14545-J Military Trail	DELRAY BEACH FL 33483
D	PARKER, JEFFREY	100 EAST LINTON BOULEVARD 14545-J Military Trail	DELRAY BEACH FL 33483 33484
VP	Whitman, William	14545-J Military Trail	Delray Beach FL 33484

800024517168  
11/07/03--01079--005 \*\*750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Jeffrey Parker

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

14545-J Military Trail

Suite, Apt. #, Etc.

Ste 339

City

Delray Beach

State

FL

Zip Code

33484

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

CR2E040 (7/03)