

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 16 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020001/2310**

1. Corporation Name

**MY SLENDER BODY
INTERNATIONAL INC.**

2. Principal Office Address

3064 MICHIGAN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3064 MICHIGAN AVE

Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

KISSIMMEE

Zip

FL

Country

34744

Zip

FL

Country

34744

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

82-0568-464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

J.S. SCHOEMAN

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

3064 MICHIGAN AVE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

800040224088

08/16/04--01079--021 **908.75

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

J.S. Schoeman

REGISTERED AGENT MUST SIGN

Date

8/12/04

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
P	JOHN S SCHOEMAN	3064 MICHIGAN AVE	KISSIMMEE, FL 34744
V	PATRICIA SCHOEMAN	3064 MICHIGAN AVE	KISSIMMEE, FL 34744

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:

J.S. SCHOEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 / 12 / 04 (407) 846 9888

Date

Daytime Phone #