

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 DEC 31 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000120361

1. Corporation Name

BODY WELLNESS CORP.

Principal Place of Business

Mailing Address

957 WEST COMMERCIAL BLVD
FORT LAUDERDALE FL 33334

241 OCEANIC AVE
LAUDERDALE BY THE SEA FL 33308



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

68-0530758



Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-----------------------------------|
| PRES | SUSAN SALA | 241 OCEANIC AVE | LAUDERDALE BY THE SEA FL 33308 |
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200025905012
12/31/03--01068--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALA, SUSAN
241 OCEANIC AVE
LAUDERDALE BY THE SEA FL 33308

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Susan Sala
REGISTERED AGENT MUST SIGN

Date

12-30-03

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:

Susan Sala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN LEBRUN SALA Pres.

Date

Daytime Phone #

354-907-1550

12-30-03

CR2E040 (7/03)

FRANK R. FUSCO

CERTIFIED PUBLIC ACCOUNTANT

5278 NE 6th Avenue 19L
Ft Lauderdale, FL 33334
(954)351-8893
(732)450-9040 - Fax

39 New Dorp Plaza
Staten Island, NY 10306
(718)667-4545
(718)667-0931 - Fax

December 30, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

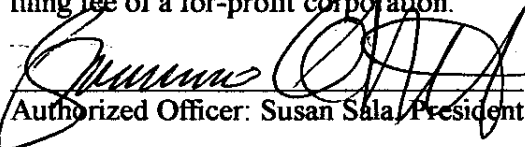
RE: Body Wellness Corp.
C/O Susan Sala
241 Oceanic Avenue
Lauderdale by the Sea, FL 33308-3507
DOC # P02000120361

Secretary of State:

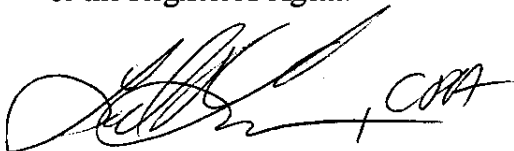
The above client received the, "Notice of Administrative Dissolution or Revocation", never received the initial renewals for the above corporation. It is possible that they were never delivered because her name is not on the mailing address.

If possible please add the Registered Agent's name, Susan Sala, as a "C/O" to the second address line.

The following is the signature of the authorized officer of the corporation stating that the above facts are true and requesting reinstatement. Enclosed is a check for the amount of \$150.00 for the filing fee of a for-profit corporation.

 12-30-03
Authorized Officer: Susan Sala, President Dated

If there are any questions regarding this request, please do not hesitate to contact either my office or the Registered Agent.



Frank R. Fusco, CPA
Encl