

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 -4 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000134354

1. Corporation Name

STEP UP 2 HEALTH, INC.

Principal Place of Business

Mailing Address

6683 NW 25 AVE
BOCA RATON FL 33496

6683 NW 25 AVE
BOCA RATON FL 33496

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

12/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEINHOUSE, BARRY DR.	6683 NW 25 AVE	BOCA RATON FL 33496
D	WEINHOUSE, LINDA	6683 NW 25 AVE	BOCA RATON FL 33496

900024413109
11/04/03--01054--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLOMON, MARC I ESQ.
2600 N MILITARY TRAIL STE 290
BOCA RATON FL 33431

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

Date

10/20/2003

REGISTERED AGENT MUST SIGN

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

10-30-03

Daytime Phone #

561-862-0103

CR2E040 (7/03)

HEALTH

STEP UP 2

October 31, 2003

Greetings

Enclosed is a check for \$150.00 and the form for reinstatement.

I have applied for a FEI and I never received any material regarding recording the corp.

Please contact me for any further information

Sincerely

A handwritten signature in black ink, appearing to read 'Barry A. Weinhouse', with a long horizontal flourish extending to the right.

Barry A Weinhouse DPM

Phone: 561-862-0103 • Fax: 561-862-0106

6683 NW 25TH AVENUE • BOCA RATON, FLORIDA 33496