

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/2002

5. FEI Number

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
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

REGISTERED AGENT MUST SIGN

Date

11/20/2003

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

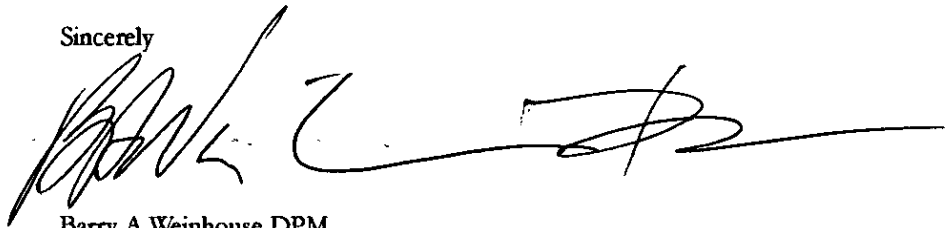
Greetings

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', followed by a long horizontal line.

Barry A Weinhouse DPM

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

6683 NW 25<sup>TH</sup> AVENUE • BOCA RATON, FLORIDA 33496