

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043968

1. Entity Name
BODY INC.



FILED

04 NOV 29 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
24901 SANDHILL BLVD
SUITE # 1
PUNTA GORDA, FL 33983

Mailing Address
3347 PEACE RIVER DR.
PUNTA GORDA, FL 33983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

11192004 REIN-P CR2E098 (6/04)

4. FEI Number 73-1663951 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLECCIA, ROBERT J SR.
3070 MANCINI TERRACE
PUNTA GORDA, FL 33983

Name
Street Address (P.O. Box Number is Not Acceptable)
3234 Daytona Drive
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>P/D</u>	<input type="checkbox"/> Delete
NAME	<u>Robert James Alleccia</u>	
STREET ADDRESS	<u>3234 Daytona drive</u>	
CITY-ST-ZIP	<u>Punta Gorda, FL 33983</u>	
TITLE	<u>S/D</u>	<input type="checkbox"/> Delete
NAME	<u>Melanne M. Alleccia</u>	
STREET ADDRESS	<u>3234 Daytona Drive</u>	
CITY-ST-ZIP	<u>Punta Gorda, FL 33983</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>900043044099</u>	
STREET ADDRESS	<u>11/29/04--01063--003 **150.00</u>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Alleccia President 11-22-04 941-766-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #