

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 27 PM 3: 07

DOCUMENT # P03000050112

1. Corporation Name

WELLNESS CENTER OF SOUTH MIAMI, INC.

2. Principal Office Address

8299 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-05

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/03

5. FEI Number

30-0248388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CATHERINE HENSLEY

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

8299 S. DIXIE HIGHWAY

Suite, Apt. #, Etc.

400062381704

12/27/05--01003--019 \*\*\*00.00

City

SOUTH MIAMI

State

FL

Zip Code

33143

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

Catherine Hensley

REGISTERED AGENT MUST SIGN

Date 12/21/05

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/D	CATHERINE HENSLEY	8299 S. DIXIE HIGHWAY	SOUTH MIAMI, FL 33143

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)(l), 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:

Catherine Hensley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/05

Date

(805) 668-6685

Daytime Phone #

12/27/05