

CAPITAL CONNECTION

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AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP -7 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

112

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P03000111007

1. Corporation Name

WELLNESS HEALTH CENTERS CORP

2. Principal Office Address

3370 SE FEDERAL Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

1512 SE Village Green Dr

Suite, Apt. #, etc.

City &amp; State

Stuart FL

City &amp; State

Port St Lucie FL

Zip

34997

Country

USA

Zip

34952

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/6/03

5. FEI Number

36-4540458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required  
for a Certificate of Status

Annual Report 04-05

## 7. Name and Address of Current Registered Agent

Name

BRIAN SCHNEIDER

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

103 SW 3rd Ave

Suite, Apt. #, Etc.

City

Okeechobee

State  
FLZip Code  
34974

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

REGISTERED AGENT MUST SIGN

Date 9/2/05

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Brian Schneider	103 SW 3rd Ave	Okeechobee FL 34974
VP	Stacy D'Apolito	1603 SW LOCKS RD	Stuart FL 34997

Okeechobee SEP -7 2005

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)(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

BRIAN SCHNEIDER

9/2/05

Date

772 335 3330

Daytime Phone #

2/2

**WELLNESS HEALTH CENTERS CORP  
1512 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

September 2, 2005

Please find enclosed our application for Corporation Reinstatement with a check for \$300 (2004 & 2005 Annual Report Fees).

Please waive the late fee, as we did not receive the UBR or any other correspondence from DOC. As you can see on our reinstatement form both our business and personal address's were changed. We did complete a change of address form at the Post Office but the UBR was not forwarded to us. Thank you for your consideration.

Sincerely,



Brian Schneider  
President