

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000142820

Entity Name: HEALTHY GLOW, INC.

FILED  
Oct 19, 2004  
Secretary of State

**Current Principal Place of Business:**

425 5TH AVENUE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

425 5TH AVENUE  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 20-0435001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLI, CHRISTOPHER  
149 ELLWOOD AVENUE  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GALLI, CHRIS  
Address: 149 ELLWOOD AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete  
Name: SANTEE, THERESA K  
Address: 149 ELLWOOD AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIRS GALLI

P

10/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date