

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 13 AM 6:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000038634

1. Corporation Name

Medical Makeover Corporation of America

W09-35530

2. Principal Office Address - No P.O. Box #

2101 Vista Pkwy

3. Mailing Office Address

2101 Vista Pkwy

Suite, Apt. #, etc.

Ste 292

Suite, Apt. #, etc.

Ste 292

City & State

West Palm Beach

City & State

West Palm Beach

Zip

FL

Country

United States

Zip

33411

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/2004

5. FEI Number

65-0907798

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

Jason Smart

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

2101 Vista Pkwy

Suite, Apt. #, Etc.

Ste 292

City

West Palm Beach

State

FL

Zip Code

33411

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date July 31, 2009

REGISTERED AGENT MUST SIGN

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
PSTD	Jason Smart	2101 Vista Pkwy Ste 292	West Palm Beach, FL 33411
			08/14/09--01006--007 **150.00 400159192654
			08/14/09--01006--007 **150.00

**REINSTATEMENT**

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 contained in Chapter 119, 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:

Jason Smart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2009

Date

(561) 228-6148

Daytime Phone #

**RH**