

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 27 PM 1:55

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000070827**

1. Corporation Name

**A RADIANT YOU, INC.**

2. Principal Office Address

**10887 N. MILITARY Tr.**

Suite, Apt. #, etc.

**Suite 2**

City & State

**Palm Beach Gardens, FL**

Zip

**33410**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**SAME**

**400067943054**  
03/16/06--01005--008 \*\*300.00

**REINSTATEMENT**  
CR2E081 (8/05)

**05-06**  
WJP

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/26/2004**

5. FEI Number

**20-1084361**

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

**SHEILA LEWIS**

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

**10887 N. MILITARY TRAIL,**

Suite, Apt. #, Etc.

**Suite 2**

City

**Palm Beach Gardens**

State

**FL**

Zip Code

**33410**

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

**12/29/05**

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
Pres.	<b>ALAN L. SCOTT</b>	<b>2001 10th Ave N. Apt 2 Lake Worth, FL 334</b>	<b>LAKE WORTH, FL 33461</b>
V.P. Sec.	<b>SHEILA LEWIS</b>	<b>10887 N. Military Tr. Ste 2</b>	<b>Palm Bch Gardens, FL 33410</b>

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

**SHEILA LEWIS, 12/29/05**

Date

Daytime Phone #

**561 373-4900**

202

# A RADIANT YOU

## PROFESSIONAL MEDICSPA

10887 N. MILITARY TRAIL, SUITE 2, PALM BEACH GARDENS, FL 33410  
PHONE: (561) 624-7773 FAX: (561) 694-7885

**December 29, 2005**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: A Radiant You, Inc.  
Document #P04000070827  
Tax ID# 20-1084361**

**To whom it may concern:**

**Please be advised that I just learned today that my corporation had been placed on inactive status. I never received my renewal form in the mail. We had a lot of damage from hurricane Wilma and the mail was halted for a long time.**

**Enclosed please find a check for my 2005 and 2006 renewal fees in the amount of \$300.00 to reinstate my corporation to an active status and my Corporation Reinstatement Form.**

**Thank you for your prompt attention to this matter.**

**Sincerely,**



**Sheila Lewis  
Vice President/Secretary**

**/sl  
Encls.**

A RADIANT YOU, INC.  
10887 N. MILITARY TRAIL, SUITE 2  
PALM BEACH GARDENS, FL 33410

February 28, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: Marquitta Williams

Re: A Radiant You, Inc.  
Doc #P04000070827

Dear Ms. Williams:

As per our conversation today, please find enclosed a check in the amount of \$300.00 that will replace the previous check sent to you with my reinstatement form. Please destroy that check numbered 10242.

If you have any questions, please do not hesitate to contact me at (561) 346-2258.  
Thank you for your cooperation in this matter.

Sincerely,



Sheila Lewis

Cashier's Check # 4888253