

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 MAR -8 PM 10:04

DOCUMENT # P04000161532

1. Corporation Name

Wellness 4 Life Inc

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

3102 Commerce Parkway

3. Mailing Office Address

P.O. Box 5752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIAMI FL

Zip

33025

Country

Broward

Zip

33014

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/04

5. FEI Number

76-0793007

☐ 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

ELAINE ROACH

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

3102 Commerce Parkway

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

REINSTATEMENT 10-12

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

[Signature]

Date 1/26/12

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
President	ELAINE ROACH	3102 Commerce Parkway	MIRAMAR FL 33025

10. E-mail Address: INFO@W4LIFE.ORG

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. BUTLER

Date 1/26/12

Daytime Phone # (305) 816-5800