

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -3 PM 4:28

DOCUMENT # P05000123747

1. Corporation Name

A Touch of Wellness, Inc.

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

330 Pauls Drive

Suite, Apt. #, etc.

Ste. 102

City & State

Brandon, FL

Zip

33511

Country

USA

3. Mailing Office Address

3409 Grove Blossom Lane

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/05

5. FEI Number

51-0591971

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

Scott B. Robinson

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

3409 Grove Blossom Lane

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33567

☒ 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

Scott Robinson

Date 2/26/08

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
<u>SD</u>	<u>Angie Diaz</u>	<u>3409 Grove Blossom Lane</u>	<u>Plant City, FL 33567</u>

200119265142

03/03/08 - 01923 010 **450.00

REINSTATEMENT

06-08

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:

Angie Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/08 (833) 458-1424

Daytime Phone #