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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 MAR 3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000065637**

1. Corporation Name

South Beach Rejuvenation & Health Inc.

REINSTATEMENT 09-09

100-143857191

02/18/09 01007 002 \$450.00

CR2E081 (12/08)

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

900 Osceola Dr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

100 A

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

33409

Country

USA

Zip

Country

4. Date incorporated or qualified
to do business in Florida

5/9/2006

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey George

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

900 Osceola Dr

Suite, Apt. #, Etc.

100 A

City

West Palm Beach

State

FL

Zip Code

33409

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

REGISTERED AGENT MUST SIGN

Date

2/13/09

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
P	Jeffrey George	900 Osceola Dr	West Palm Beach FL 33409

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/09

Date

56-722-7888

Daytime Phone

cc 3/3

AFFIDAVIT OF JEFFREY GEORGE

STATE OF FLORIDA)
COUNTY OF Palm Beach)

BEFORE ME, the undersigned authority personally appeared Jeffrey George, who being duly sworn, declared as follows:

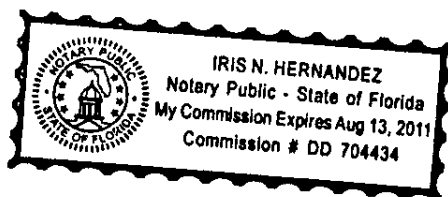
1. My name is Jeffrey George,
2. I am a current owner of South Beach Rejuvenation & Health Inc.
3. I am the current owner of South Beach Rejuvenation that was previously dissolved.
4. The name South Beach Rejuvenation & Health Inc. will be given back to the previous South Beach Rejuvenation & Health Inc. that was dissolved.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.


Jeffrey George(Affiant)

SWORN TO AND SUBSCRIBED before me this 13 of February, 2009, by Jeffrey George, who is personally know to me ☒ or has produced _____ as identification.

(SEAL)




NOTARY PUBLIC