FILED
07 OCT 16 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
07 OCT 16 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000102965

1. Entity Name
AXA WEIGHT LOSS CENTER INC.

Principal Place of Business
2950 CRESTWOOD TERRACE
MARGATE, FL 33063

Mailing Address
2950 CRESTWOOD TERRACE
MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #: 8993 Okeechobee Blvd
Suite, Apt. #, etc.: #114
City & State: West Palm Beh
Zip: 33411 Country: US

3. Mailing Address: 8993 Okeechobee Blvd
Suite, Apt. #, etc.: #114
City & State: West Palm Beh, Fl
Zip: 33411 Country: US

10012007 REIN-P CR2E098 (1/07)

4. FEI Number: 68-0636880 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AZCANO, XIOMARA
2950 CRESTWOOD TERRACE
MARGATE, FL 33063

7. Name and Address of New Registered Agent
Name: Azcano, Xiomara
Street Address (P.O. Box Number is Not Acceptable): 8993 Okeechobee Blvd #16
City: West Palm Beh FL Zip Code: 33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 10/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS

NAME	P [ ] Delete
STREET ADDRESS	AZCANO, XIOMARA
CITY-ST-ZIP	2950 CRESTWOOD TERRACE
	MARGATE, FL 33063
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	900110823869
STREET ADDRESS	10/16/07--01010--003 **150.00
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/8/07

Dear Karen,

Attached, please find my check in the amount of $150.00 for my filing fees.

I created this corporation a year ago, but because of many delays with city permits, etc. I was not able to actually open my business until just two months ago.

I never received anything in the mail, stating that I had to renew my license, if I would of received something, of course I would renewed it.

RECEIVED
2007 OCT 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I now just sent in for a corporate name change because the franchise I own, their corporate office said my corporate name was not approved. So, only now that I sent your office the name change request I was advised that I had to re-instate my corporate name.