2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# P06000107012

Entity Name: WELLNESS WISE, INC.

Current Principal Place of Business:

6800 NW MONOCO COURT
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

6800 NW MONOCO COURT
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 20-5384005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, TRINA
6800 NW MONOCO COURT
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TRINA WISE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WISE, TRINA
Address: 6800 NW MONOCO CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRINA WISE P 10/27/2008

Electronic Signature of Signing Officer or Director Date