

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 27 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100181436841
05/27/10--01048--013 **450.00

DOCUMENT # P06000127256

1. Corporation Name

A TOTAL YOU, INC.

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

13343 Doubletree Circle

Suite, Apt. #, etc.

3. Mailing Office Address

13343 Doubletree Cir

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

Country

33414

Zip

Country

33414

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/06

5. FEI Number

205659091

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

BRADFORD J. BEILLY, P.A.

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

1144 SE 3RD AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33316

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Bradford J. Beilly
REGISTERED AGENT MUST SIGN

Date 5/21

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	DR. THOMAS K. VELLEFF	13343 Doubletree Cir	WELLINGTON, FL 33414

10. E-mail Address:

john@beillylaw.com

(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., 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.

SIGNATURE:

Thomas Velleff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 2010

Date

Daytime Phone #