

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 10 PM 4:08

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT: P07000057788

1. Corporation Name

Weight Management Institute Inc.

7211000011584

000196099080
02/25/11--01050--006 **245.00

CR2E081 (11/09)

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

7301 WILES RD

3. Mailing Office Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State CORAL SPRINGS,
POMPANO BEACH FL

City & State

Zip

33067

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/07

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Add'l non-fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Morteza Taeb

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

10777 W SAMPLE RD

Suite, Apt. #, Etc.

1214

City

CORAL SPRINGS

State

FL

Zip Code

33065

☒ 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*M. Taeb*
REGISTERED AGENT MUST SIGN

Date 2.22.11

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 |
|--------|--------------------------------------|---|------------------------|
| PD | Morteza Taeb | 10777 W SAMPLE RD | CORAL SPRINGS FL 33065 |
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REINSTATEMENT 68-11

000196099080
03/09/11--01004--022 **355.00

10. E-mail Address:

DO NOT HAVE

(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:

M. Taeb

Morteza Taeb

2.22.11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/11