

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -9 AM 10:58

DOCUMENT # **P01000063247**

1. Corporation Name

SUDDENLY SLIMMER BODY WRAP INC

W12000030694

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

1718 CAPE CORAL PKWY E

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

FL

Zip

33904

Country

LEE

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **6/01/07**

5. FEI Number

26-0248817

☐ 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

BARBARA L OHM

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

1606 SW 19TH TERRACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33991

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

Barbara L Ohm

Date

6/11/10

REGISTERED AGENT MUST SIGN

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,VP,S,T.	BARBARA L OHM	1606 SW 19TH TERRACE	CAPE CORAL, FL 33991

REINSTATEMENT 08-10

10. E-mail Address: **sdnlyslimmer@embarqmail.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:

Barbara L Ohm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/11/2010

Daytime Phone #

7/12/10