

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000012313

FILED
Nov 12, 2009
Secretary of State

Entity Name: METABOLIC WEIGHT LOSS SOLUTIONS, INC

Current Principal Place of Business:

593 SE PORT ST. LUCIE BLVD
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

593 SE PORT ST. LUCIE BLVD
PORT ST LUCIE, FL 34984

New Mailing Address:

807 SW CANARY TER
PORT ST LUCIE, FL 34953

FEI Number: 77-0710032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS REOLUTIONS, LLC
565 C JACKSON AVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

SINAR, HOLLY A VP
807 SW CANARY TER
PORT ST. LUCIE, FL 34953 US

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: HOLLY A. SINAR

11/12/2009

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: TAYLOR, SHAWNA L
Address: 593 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: VP () Delete
Name: SINAR, HOLLY A
Address: 648 HAMM STREET NW
City-St-Zip: PALM BAY, FL 32907 US

Title: SEC (X) Delete
Name: TAYLOR, TIMOTHY
Address: 593 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34984 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAYLOR, SHAWNA L
Address: 2991 S. LOOKOUT BLVD
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: VP (X) Change () Addition
Name: SINAR, HOLLY A
Address: 807 SW CANARY TER
City-St-Zip: PORT ST.LUCIE, FL 34953 US

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: HOLLY A. SINAR

VP

11/12/2009

Electronic Signature of Signing Officer or Director

Date