

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000039038

Entity Name: VITALITY WELLNESS, INC.

FILED
Nov 16, 2009
Secretary of State

Current Principal Place of Business:

100 EAST VENTRIS AVENUE
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

100 EAST VENTRIS AVENUE
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 26-2454030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVAL, JANE L
779 BEAR CREEK CIRCLE
WINTER SPRINGS, FL 32708 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: CHRISTIANNE M. DUVAL

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: DUVAL, JANE L
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete
Name: DUVAL, CHRISTIANNE M
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete
Name: DUVAL, MICHAEL J
Address: 741 CORDOVA AVENUE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHRISTIANNE M. DUVAL

VP

11/16/2009

Electronic Signature of Signing Officer or Director

Date