

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JAN -6 PM 4:16

DOCUMENT # P1000 000 4870

1. Corporation Name

The Professional You, Inc.

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

9858 Glades Rd

Suite, Apt. #, etc.

D3 - #168

City & State

Boca Raton FL

Zip

33434

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

273-356-598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SARA DOCTOFISKY

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

22205 BOCA RANCHO DR

Suite, Apt. #, Etc.

Unit #3

City

BOCA RATON

State

FL

Zip Code

33428

200255307322
01/06/14--01032--004 **750.00

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

SARA M DOCTOFISKY
REGISTERED AGENT MUST SIGN

Date

12/31/13

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	SARA M DOCTOFISKY	22205 BOCA RANCHO DR	Boca Raton, FL 33428

10. E-mail Address: info@TheProfessionalYou.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SARA M DOCTOFISKY

1/7/14