

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000052931

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** EXPRESS WELLNESS CLINIC INC.

**Current Principal Place of Business:**

151 EAST REDSTONE AVE.  
CRESTVIEW, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

151 EAST REDSTONE AVE.  
CRESTVIEW, FL 32547

**New Mailing Address:**

**FEI Number:** 27-1954918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERSON, ERIC  
323 RACE TRACK RD. NW UNIT 3112  
FORT WALTON, FL 32547 US

**Name and Address of New Registered Agent:**

PERSON, ERIC  
4559 HERMOSA RD  
CRESTVIEW, FL 32539 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: ERIC PERSON

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: HOLLOWAY, ANDREA  
Address: 4559 HERMOSA RD  
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: ANDREA HOLLOWAY

DCEO

02/16/2012

Electronic Signature of Signing Officer or Director

Date