

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000061845

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** AGE MANAGEMENT & OPTIMAL WELLNESS INC

**Current Principal Place of Business:**

2111 W SWANN AVE  
#103  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

2111 W SWANN AVE  
#103  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 27-3135607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, DAVID  
10843 VENICE CIRCLE  
TAMPA, FL 33635 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:** DAVID JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** JONES, MARTYN  
**Address:** 2111 W SWANN AVE #103  
**City-St-Zip:** TAMPA, FL 33606

**Title:** SEC  
**Name:** JONES, DAVID  
**Address:** 10843 VENICE CIRCLE  
**City-St-Zip:** TAMPA, FL 33606

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:** DAVID JONES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SEC

02/22/2012

\_\_\_\_\_  
Date