PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03, 04, 05 & 06 Annual Reports

FILED
06 JUL 18 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/19/06--01007--002 **608.75

DOCUMENT # p93000049065

1. Corporation Name

S.& M.CENTER FOR HEALTH, INC.

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
500 N.E. 5th Avenue		500 N.E. 5th Avenue	
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5	
City & State Delray Beach, Fl.		City & State Delray Beach, Fl.	
Zip 33483	Country USA	Zip 33483	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/14/93

5. FEI Number 65-0423904 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EDWARD MICHAEL SCARLETT

Street Address (P.O. Box Number is Not Acceptable): 500 N.E. 5th Avenue

Suite, Apt. #, Etc.: Suite 5

City: Delray Beach | State: FL | Zip Code: 33483

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 _____ Date 7/3/06

REGISTERED AGENT MUST SIGN

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	Edward Michael Scarlett	500 N.E.5th Ave.,Ste 5	Delray Beach, Fl 33483
v	Laura L. Mulloy	500 N.E 5th Ave., Ste 5	Delray Beach, Fl 33483

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 7/3/06 561-272-7816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tlewis

ACUPUNCTURE
CENTER FOR HEALTH

500 -5 NE 5th Ave.~Delray Beach, Fl. 33483
Phone 561-272-7816~Fax 561-272-7566~Email escarlett@adelphia.net

July 6, 2006

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fl 32314

Attn: Thelma Lewis
Document Specialist Supervisor

Re: S & M Center for Health, Inc Ref# P93000049065

Dear Ms. Lewis:

We did not receive notice of our corporate annual report form for 2003. Per your instructions, enclosed is $150 per year for four years, plus $8.75 for a certificate of status, for a total of $608.75.

Thank you for your assistance in this matter.

Respectfully,

CENTER FOR HEALTH

Edward M. Scarlett
L.Ac.,Dipl.Ac.