

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000083348**

1. Corporation Name

Wellness Publishing, Inc.

1001 S.E. 16 ST. #3

2. Principal Office Address

460-682 S.E.

3. Mailing Office Address

P.O. 460-682

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

Samp

Zip

33346

Country

USA

Zip

33346

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-1993

5. FEI Number

65 045 3155

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

Sammie Miles

600004035206--8

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

1001 S.E. 16 ST.

-04/20/01--01057--020

******900.00 ****900.00**

Suite, Apt. #, Etc.

3

City

FT. Lauderdale

State

FL

Zip Code

33346

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

Sammie Miles

Date **3-16-01**

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
Pres	Sammie Miles	1001 S.E. 16 ST. #3	FT. Lauderdale, FL 33346
V. Pres	Howard Holmes	813 S.E. 11 CT.	FL Lauderdale FL 33346

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 under section 119.07(3)(i), 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:

Sammie Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

954-728-8817

Daytime Phone #