

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049502

1. Corporation Name

Wellness PSI, Inc.

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

12821 SW 88 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

PO Box 348553

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33234

Country

USA

REINSTATEMENT
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/1995

5. FEI Number
65-0518947

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

Lawrence E. Goodman, D.C.

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

3125 Segovia Street

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Lawrence Goodman D.C.

REGISTERED AGENT MUST SIGN

Date February 19, 2008

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/T/D	Lawrence E. Goodman, D.C.	3125 Segovia Street	Coral Gables, FL 33134
S/D	Sally L. Baumgartner	3125 Segovia Street	Coral Gables, FL 33134

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02/25/08--01053--017 **450.00

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:

Lawrence Goodman D.C. as President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2008

Date

(305) 206-0151

Daytime Phone #

B. Mitchell FEB 25 2008