

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

99 SEP -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025727

1. Corporation Name
wellness Professional Group, Inc

Principal Place of Business

Mailing Address

REINSTATEMENT 90-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 948 Vineridge Run Suite 202 Altamonte Springs, FL 32714 Orange	3. New Mailing Office Address, If Applicable 948 Vineridge Run Suite 202 Altamonte Springs, FL 32714 Orange	4. Date Incorporated or Qualified To Do Business in Florida 3/28/95	5. FEI Number 65-0704006
		Applied For	Not Applicable
		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PS	DAVID M. DALTON	948 Vineridge Run Suite 202	Altamonte Springs, FL 32714

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***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID M. DALTON 948 Vineridge Run Suite 202 Altamonte Springs, FL 32714	Name DAVID M. DALTON Street Address (P.O. Box Number is Not Acceptable) 948 Vineridge Run Suite 202 Suite, Apt. #, Etc. City Altamonte Springs, FL State FL Zip Code 32714
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 7/10/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible Tax)

12. 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: *[Signature]* Date: 7/10/99 Daytime Phone #: (407) 358-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (12/98)