

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -9 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025927**

1. Corporation Name

WELLNESS PROFESSIONAL GROUP, INC.

~~621 NORTH RIVERSIDE DRIVE~~

2. Principal Office Address

521 NORTH RIVERSIDE DR

3. Mailing Office Address

521 NORTH RIVERSIDE DRIVE

Suite, Apt. #, etc.

SUITE 806

Suite, Apt. #, etc.

SUITE 806

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/28/1995

5. FEI Number
650704006

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

DAVID M. DALTON

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

521 NORTH RIVERSIDE DRIVE

Suite, Apt. #, Etc.

SUITE 806

City

POMPANO BEACH

State
FL

Zip Code
33062

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 **08/04/04**

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	DAVID MARKHAM DALTON	521 NORTH RIVERSIDE DRIVE	POMPANO BEACH, FL. 33062
S	DEBRA ANNE DALTON	521 NORTH RIVERSIDE DRIVE	POMPANO BEACH, FL. 33062

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/04

Date

407-492-2083

Daytime Phone #

CR2001 (01/04)

PG 2012

Wellness Professional Group, Inc.

521 North Riverside Drive
Pompano Beach, Florida 33062
Ph. 407-492-2083 Fax 954-783-1943

August 5, 2004

To whom it may concern.

As the Owner and President of Wellness Professional Group, Inc. I would like it to be known that I did not receive my year 2000 annual report and would ask that the \$600 reinstatement fee please be waved. Enclosed are my filing fees for the years of 2000,2001,2002,2003 and 2004 in the amount of \$750.00.

Thank you for your help in this matter.

Sincerely


Mark Dalton
President/Owner