

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033327

1. Corporation Name

WELLNESS ASSESSMENT CENTER, INC.

Principal Place of Business

1751 W. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309

Mailing Address

PO BOX 67-0296
POMPANO BEACH FL 33067

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

2. New Principal Office Address, If Applicable

2570 CORAL WAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MALABAR, FL

City & State

Zip

32950

Country

BARBADOS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1995

5. FEI Number

65-0586691

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MR	CORDIER, MICHAEL J	7596 PINEWALK DR. S.	MARGATE FL 33063

100009322431

12/03/02--01065--006 **750.00

8. Name and Address of Current Registered Agent

CORDIER, MICHAEL J
7596 PINEWALK DR. S.
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

2570 CORAL WAY
Suite, Apt. #, Etc.

City

MALABAR

State

FL

Zip Code

32950

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/27/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/02

Daytime Phone #

321-676-4448

CR2E040 (8/02)