

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 DEC 18 PM 8:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P95000037840

1. Corporation Name

**The Medical Institute for Weight Loss, Inc.**

2. Principal Office Address

**2999 NE 191st St.**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Aventura, FL 33180**

Zip

**33180**

Country

3. Mailing Office Address

**2999 NE 191st St.**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Aventura, FL**

Zip

**33180**

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/12/1995**

5. FEI Number

**65-0581189**

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

**CT Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

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

*[Signature]*

**Jeffrey D. Burrefield**  
**Assistant Secretary**

Date

**12/15/06**

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
<i>Director</i>	<b>Richard Rose</b>	<b>2999 NE 191st St., Ste. 400</b>	<b>Aventura, FL 33180</b>
<i>Director</i>	<b>Diane Pollack</b>	<b>2999 NE 191st St., Ste. 400</b>	<b>Aventura, FL 33180</b>

000082944560  
01/03/07--01007--013 \*\*1808.75

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:

*[Signature]*  
**Richard Rose - Richard Rose**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/12/06**

Daytime Phone #

**305 935-9448**

NO. WITHIN 19 DEC 2006