PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NW 96 99 AR

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041739

1. Corporation Name
Healthy Living, Inc.

2. Principal Place of Business
912A Shrimp Street
Destin, FL 32541

Mailing Address
912A Shrimp Street
Destin, FL 32541

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

2. New Principal Office Address, if Applicable
1255 Airport Road
Suite, Apt. #, etc.

City & State
Destin, Florida
Zip 32541 Country

3. New Mailing Office Address, if Applicable
1255 Airport Road
Suite, Apt. #, etc.

City & State
Destin, Florida
Zip 32541 Country

4. Date Incorporated or Qualified To Do Business in Florida 5/23/95

5. FEI Number 59-337-2531 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)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City - State - Zip
P.P. Brett M. Bonen	104 Antilles Cove	Destin, Florida 32541

600003055936--7
~~11/30/99--01001--007~~
****643.75 ****600.00

8. Name and Address of Current Registered Agent
Brett M. Bonen
104 Antilles Cove
Destin, Florida 32541

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I hereby accept 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: Brett M. Bonen
REGISTERED AGENT MUST SIGN
Date 11-10-99

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.

T. LEWIS NOV 29 1999

SIGNATURE: Brett M. Bonen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brett M. Bonen - President/Director

Date 11-10-99

Daytime Phone # 850-654-7114

CR2E081 (12/98)