PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			···		•	
REINSTATEMENT			RTMENT OF STATE ary of State corporations	FILED 04 MAR 17 AM 9:56		
DOCUMENT # P95000046506 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
M. GREENE, INC.				XA /23/0401069	13278 7 012 **300.00	
2. Principal Office Address 3. Mailing			ress	er er er e e e e e e e e		
201 T	Trismen Terrace	SAME		REINSTATI	emeni <u>03-04</u>	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			W	
44 1. X	ar hair. I'm 6			4. Date Incorporated or Qualified To Do Business in Florida 06/12/1995		
City & State		City & State		5. FEI Number Applied For		
Winte Zip	Winter Park, FL 3.57		To	593323101	Not Applicable	
ι ^{∠ιρ} 3278	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIR	RED \$8.75 Additional Fee required for a Certificate of Status	
3270	7. Name and Address of Current Registered Agent					
Name Ivan M. Lefkowitz Street Address (P.O. Box Number is Not Acceptable) 430 North Mills Avenue Suite, Apt. #, Etc. City Orlando 22 2803						
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						
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	
PST	Paul R. Sprague		70 Main Street, 2nd Floor		aan, CT 06840	
D	Randall B. Green	ne, DO 201	Trismen Terrace	Winter	Park, FL 32789	
	-					
,	·					
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 filling 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 eerperation have been gaid 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. RANDALL B GREENE, DO, DIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						

 $\delta^{\mathbf{I}}$

LEFKOWITZ, BLOOM & SHAW, P.A.
ATTORNEYS AND COUNSELORS AT LAW

Cok.

IVAN M. LEFKOWITZ*
GWEN D. BLOOM +
THOMAS C. SHAW

430 NORTH MILLS AVENUE ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974 FACSIMILE (407) 425-1981 WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND MASTER OF LAWS IN ESTATE PLANNING

+ ALSO ADMITTED IN MASSACHUSETTS

March 16, 2004

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: M. Greene, Inc., Alpha Weight Control Center, Inc., Alpha Medical Weight Loss Center, Inc.

Dear Sir or Madam:

Endlosed for filing are the following:

M. Greene, Inc.

- b. Check for annual fees for 2003 and 2004.
- 2. Alpha Weight Control Center, Inc.
 - a. Reinstatement.
 - b. Check for annual fees for 2003 and 2004.
- 3. Alpha Medical Weight Loss Center, Inc.
 - a. Reinstatement.
 - b. Check for annual fees for 2003 and 2004.

The annual report information for 2003 and 2004 was apparently mailed to 142 South Semoran Boulevard, Orlando, Florida 32807, and the companies did not receive their annual report mailings. Our corporate mailing address throughout that time was 172 South Semoran Boulevard, Orlando, Florida 32807, and we are changing our mailing addresses as indicated in these enclosed documents. We request that you waive the reinstatement fee.

Florida Department of State. Division of Corporations March 16, 2004 Page 2

If you have any questions, please feel free to give me a telephone call.

Yours very truly,

Thomas C. Shaw

TCS:cey Enclosures