
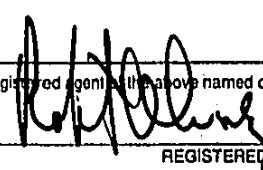
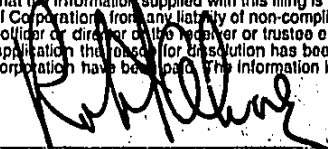


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | |
|--|--------------------------------------|---|--|---|--|
| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | <div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED NOV 22 AM 8 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| DOCUMENT # P95000064794 | | | | | |
| 1. Corporation Name Whole Health Spa/Resorts of Florida, Inc. | | | | | |
| Principal Place of Business | | | Mailing Address | | |
| 2618 SW 23 Terrace Fort Lauderdale, FL 33312 | | | <div style="text-align: center;"> REINSTATEMENT <i>mw8</i> <i>11-25-96</i> </div> | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 8/22/95 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip | | |
| VP S/T/D | Robert Alvarez | 2618 SW 23 Terrace | Ft. Lauderdale, FL 33312 | | |
| | | | 400002014314-1 -11/26/96--01099--007 ***375.00 ***375.00 | | |
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| | | | | | |
| | | | | | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Robert Alvarez | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 2618 SW 23 Terrace | | |
| | | | Suite, Apt. #, Etc. | | |
| | | | City | | |
| | | | Ft. Lauderdale | | |
| | | | State | | |
| | | | FL | | |
| | | | Zip Code | | |
| | | | 33312 | | |
| 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. | | | | | |
| Signature of Registered Agent | | | Date | | |
|  | | | 11-21-96 | | |
| REGISTERED AGENT MUST SIGN | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or a lawyer 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 fees for this application have been eliminated, the corporate name satisfies the requirements of section 307.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:  Robert Alvarez 11-29-96 9543270741 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E040 (12/95)