

P9182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 25 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Whole Health Spa/Resorts of Florida, Inc.

Document #: P95000064794

**2. Principal Office Address**

221 W. Goolsby Blvd.

**3. Mailing Office Address**

221 W. Goolsby Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

Zip

33442

Country

USA

REINSTATEMENT 98-05 JR

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/22/1995

**5. FEI Number**

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

Tena Hamm

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

221 W. Goolsby Blvd.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

200045525902

01/27/05--01051--010 \*\*1693.75

**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]*

Date 1/20/05

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
P	Robert Alvarez	221 W. Goolsby Blvd.	Deerfield Beach, Florida 33442
D	Robert Alvarez	221 W. Goolsby Blvd.	Deerfield Beach, Florida 33442

000045964580

02/03/05--01010--003 \*\*150.00

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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# WHOLE HEALTH SPA/RESORTS OF FLORIDA, INC.

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January 20, 2005

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement and Name Change**

To Whom It May Concern:

I would like to file a reinstatement for Whole Health Spa/Resorts of Florida, Inc. all the correct documentation is enclosed.

I would also like to file a name change for Whole Health Spa/Resorts of Florida, Inc. to International Yacht Clubs, Inc.; again all the appropriate documentation is enclosed.

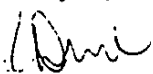
A check is also enclosed the amount of \$ 1693.75 for all the filling fees, which includes \$1,650.00 for the reinstatement, and \$43.75 the name change and the Certificate of Status.

Please return a filled stamped copy and the certificate of status in the pre-paid postage express mail envelope enclosed to the address below:

International Yacht Club, Inc.  
221 W. Goolsby Blvd.  
Deerfield Beach, FL 33442

If you have any questions or concerns about my request, then please give me a call at (954) 429-3001.

Thank you,

  
Karen Diamond