MAR-13-02 WED 04:56 PM ORION FITNESS 3523799208 P. 002

MAR-13-02 12:43PM FROM-AKERMAN SENTERFITT 904-798-3730 T-852 P 004/005 F-186

FILED 03/13/02 02:12pm P. 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAR 13 PM 12:00 H02000056207

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000058468

1. Corporation Name

Orion Wellness of Florida, Inc.

REINSTATEMENT 9902

2. Principal Office Address	3. Mailing Office Address
3441 West University	3441 West University
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, Florida	City & State: Gainesville, Florida
Zip: 32607 Country: U.S.	Zip: 32607 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: July 11, 1996

5. FEI Number: 593386866 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.75 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Laurie Campbell

LS

Street Address (P.O. Box Number is Not Acceptable): 3441 West University

Suite, Apt. #, Etc.

City: Gainesville, State: FL, Zip Code: 32607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Laurie A Campbell — REGISTERED AGENT MUST SIGN — Date: 3/13/02

CR2E031(3/00)

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	Christopher J. Campbell	205 Rochelle Drive	Oxford, MS 38655
V	Laurie A. Campbell	613 SW 75 Street Apt. 107	Gainesville, FL 32607

10. I certify that I am an officer or director of the corporation 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: Laurie A. Campbell — 3/13/02 — 352-378-4439

SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

Laurie A. Campbell, Vice President

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE
Account Number : 105543000740
Phone : (904)798-3700
Fax Number : (904)354-4459

CORPORATION REINSTATEMENT

ORION WELLNESS OF FL., INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00