

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -7 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098271

1. Corporation Name

THE WELLNESS CENTER, INC.

Principal Place of Business

Mailing Address

717 PONCE DE LEON BLVD
307
CORAL GABLES FL 33134
US

717 PONCE DE LEON BLVD
307
CORAL GABLES FL 33134
US



REINSTATEMENT

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 Office Address, If Applicable

~~15861 SW 143 AVENUE~~

~~15861 SW 143 AVENUE~~

4. Date Incorporated or Qualified To Do Business in Florida

11/25/1996

5. FEI Number ~~65-0773722~~
APPLIED FOR

Applied For
Not Applicable

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33177

Country
Miami-Dade

Zip
33177

Country
Miami-Dade

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)

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
D	VALENCIA, HARRY	717 PONCE DE LEON BLVD 307 15861 SW 143 AVENUE	CORAL GABLES FL Miami FL 33177
D	VALENCIA, CAROLINA	717 PONCE DE LEON BLVD 307 15861 SW 143 AVENUE	CORAL GABLES FL Miami, FL 33177
			000002703650--2 -12/11/98--01004--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALENCIA, HARRY
717 PONCE DE LEON BLVD
SUITE 307
CORAL GABLES FL 33134

Name
Harry Valencia
Street Address (P.O. Box Number is Not Acceptable)
15861 SW 143 AVENUE
Suite, Apt. #, Etc.

City
miami

State
FL

Zip Code
33177

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 Harry Valencia **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/30/98

11. This corporation owes or has paid 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.

SIGNATURE: Harry Valencia **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/30/98

Daytime Phone # 374-3800

CR2E040 (9/98)