

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

00-02
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -8 PM 4:21

DOCUMENT # **P970000 26055**

1. Corporation Name

ASSOCIATES FOR TOTAL HEALTH, INC.

000005500590--4

-05/09/02--01048--027

***450.00 ***450.00

2. Principal Office Address

1800 NE 26TH STREET

Suite, Apt. #, etc.

SUITE A

City & State

FT LAUDERDALE, FL

Zip

33305

Country

USA

3. Mailing Office Address

2805 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

#446

City & State

FT LAUDERDALE, FL

Zip

33306

Country

USA

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

2/28/1997

5. FEI Number

65-0746552

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

DANIEL J. REISS

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

1800 NE 26TH STREET

Suite, Apt. #, Etc.

SUITE A

City

FT LAUDERDALE

State
FL

Zip Code

33305

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 **X**

[Signature]

REGISTERED AGENT MUST SIGN

Date **X 4/8/2002**

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.D	REISS, DANIEL J.	1800 NE 26TH ST., STE A	FT LAUDERDALE, FL 33305

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. REISS, PRES.

Date

954-566-4222

Daytime Phone #

CR2E081 (9/01)