|  | PLEASE READ  | ALL INSTRUCTIONS  | BEFORE   | OMPLETIN                                  | G THE                                   | eta!                                   | 2                             |
|--|--|---|--|---|---|--|-------------------------------|
| ĄŖ   | PLICATION FOR  | FLORIDA DEPARTMEN<br>Katlerine fla  | NT OF THE  | P 1                                       |   | U                                      | ,                             |
| REIN   | STATEMENT  | DIVÍSION OF CORPOR  | RATIONS  | P-24                                      | ED                                      |  |                               |
| DOCUMENT # P97000027773  1. Corporation Name |  |   |  | 00 HOV -7 PM 1: 36                        |   |  |                               |
|  | GE L. PROENZA, D.C.,   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |   |   |  |                               |
| Principal Pl                                 | ace of Business  |   |  |   |   |  |                               |
| 7838 NW 11<br>MIAMI FL 3<br>US               | 78TH STREET<br>33015   | 7838 NW 178TH STREET<br>MIAMI FL 33015<br>US                                      | t     2001    1001    1001    1001    1001    1001    1001    1001    1001    1001    1001    1001    1001    1001   |   |   |  |                               |
|  | nddresses are incorrect in any way, line thr<br>ncipal Office Address, If Applicable<br>Engle NEST LANC<br>#, etc.   | 3. New Mailing Office Address, If 15 75 EAQLE Nuite, Apt. #, etc.                 |  | Date Incorporat     To Do Business        |   | 03/27/199                              | 97                            |
| City & State                                 | 02   | City & State · HI PMI LAKES   | FL   | 5. FEI Number                             | 65-0741536                              |  | Applied For<br>Not Applicable |
| 219<br>330                                   | 014 U.S.A.   | Zip 33014 Country   | 5.A.   | 6.<br>CERTIFICATE OF                      | STATUS DESIRED [                        |  |                               |
|  | and Street Addresses of Each Officer and<br>Name of Officers   | Stre  | eet Address of Each  | 1   |   | ik. / Clabs / Tin                      |                               |
| Title(s)                                     | PROENZA, GEORGE L DC   | 3 7838 NW 178TH   | ficer and/or Director  |   | City / State / Zip  MIAMI FL 33015      |  |                               |
|  | PROCEED, GEORGE E DO   | 7000 1111 170111  |  | - "                                       |   |  |                               |
| -  |  |   | A Secretary of the Secr | 98  | <del>90034</del><br>-11/20/0<br>****150 | <del>6948!</del><br>001011:<br>.00 *** | 92<br>002<br>*150.00          |
|  | 8. Name and Address of Current   | Registered Agent  |  | 9. Name and Add                           | ress of New Regis                       |  | P                             |
| PROFESTA GEORGE L DR                         |  |   |  | George<br>O. Box Number is<br>EPQ   C     | e L.P.                                  | eoen<br>Lane                           | <u>ZA</u>                     |
| 10 t being                                   | g appointed the registered agent of the ab   | now named cornoration, am familiar w  | City MIAMI   | LAKES                                     | )<br>607.0505 F.S                       | State Zip So                           | 814                           |
| Signature of Registered                      | of Agent Agent   | COCE REQUESTINGS SIGN   | IRED   |   | Date                                    | 16/00                                  |                               |
| this reir<br>owed b                          | that I am an officer or director or the recenstatement application, the reason for dissy the corporation have been paid and the application is true and accurate, and my s | olution has been eliminated, the corpo<br>names of individuals listed on this for | orate name satisfies<br>m do not qualify for   | the requirements of<br>an exemption under | section 607.0401 or                     | ·617.0401, F.S.,                       | , that all fees               |
|  |  | 1   |  |   | ے سامند۔                                |  |                               |
| SIGNA  | TURE: SIGNATURE AND TYPED OR PR  | IRE. REQUIR   | ED DIRECTOR  |   | 10/16/00<br>Date                        | ) (305)<br>Daytime Pho                 | <u>383</u> -30                |
|  |  |   |  |   | •                                       |  |                               |





## LAKE HEALTH & WELLNESS CENTER DR. GEORGE L. PROENZA

15175 Eagles Nest Lane, Suite 102 Miami Lakes, FL 33014

Telephone: (305) 383-3030

Attachment P97000027173

11/2/00

Florida Department of State Division of Corporations P.O. Box 6326 Tallahassee, Fl. 32314

As per conversation with Michelle on 10/13/00, the office and corporation were never notified of fees or desolution of the corporation by mail. We were made aware of this due to a leasing company running a background check.

We had sent the enclosed check for reinstatement but we had neglected to send this letter stating our conversation and the check was returned with a correspondence.

We again spoke on 11/2/00 to clear up the above information and the check will be sent on the above date.

Dr.George L. Proenza

imp/GP

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