

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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

98 NOV 19 AM 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000057556**

1. Corporation Name

ALIVE & WELL TOO OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1500 NW 89TH TERRACE
 PEMBROKE PINES FL 33024

1500 NW 89TH TERRACE
 PEMBROKE PINES FL 33024



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

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-05-0768286

Applied For

Not Applicable

City & State

City & State

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
PTVS	NAULT, NANSI L	1500 NW 89TH TERRACE	PEMBROKE PINES FL 33024
D	NAULT, NANSI L	1500 NW 89TH TERRACE	PEMBROKE PINES FL 33024

800002700838--4
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 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, JERRY A
 2207 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98
 Date

305 835-6121
 Daytime Phone #

CR2EM0 (9/98)

2012

11/17/98

Per Sean Toner @ your office,
enclosed w the requested check
of \$1,500⁰⁰ for annual renewal.

Thank you -

Tom Ault.