

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000101813

1. Corporation Name

WELLNESS & WEIGHT CENTER, INC.

Principal Place of Business

Mailing Address

2426 BEE RIDGE ROAD SUITE C
SARASOTA FL 34239

2426 BEE RIDGE ROAD SUITE C
SARASOTA FL 34239

[Handwritten signature]



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

12/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0797911

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	CHRISTA LeROUX	5811 VAN DERIPPE RD SARASOTA FL	SARASOTA, FL 34241
Director	RICHARD CARLSON	Same	Same

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KING, CLIFFORD M
1800 SECOND STREET SUITE 855
SARASOTA FL 34236

Name

RICHARD CARLSON

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

5811 VANDERIPPE RD.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34241

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date 1/12/99

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:

[Handwritten signature] RICHARD CARLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98

Date

841 366 4641

Daytime Phone #

CR2E040 (9/98)