

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000103901**

1. Corporation Name

ACTIVE WOMEN'S HEALTH CHOICE, INC.

607 Martin Luther King, Jr. Blvd.
607 Martin Luther King, Jr. Blvd.

2. Principal Office Address

607 Martin Luther King, Jr. Blvd.

3. Mailing Office Address

607 Martin Luther King, Jr. Blvd.

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33603

Country

USA

Zip

33603

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/09/1997

5. FEI Number

650801836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Henry Garcia

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

607 Martin Luther King, Jr. Blvd.

Suite, Apt. #, Etc.

Suite 102

City

Tampa

State

FL

Zip Code

33603

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

H. Garcia

Date **October 28, 2004**

REGISTERED AGENT MUST SIGN

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	Edna M. Garcia, D.O.	607 Martin Luther King, Jr. Blvd., #102	Tampa, Florida 33603
ST	Henry Garcia	607 Martin Luther King, Jr. Blvd., #102	Tampa, Florida 33603

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11/01/04--01074--024 **900.00

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:

H. Garcia

10/28/04

(813) 234-8950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/04)