

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000108433

FILED
Oct 23, 2005
Secretary of State

Entity Name: BODYWORKS CENTER FOR PERFECT HEALTH, INC.

Current Principal Place of Business:

3770 BARRANCAS AVE.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

756 MARLIN SPIKE DR
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3495679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEDGE, SHERRY
3770 BARRANCAS AVE.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHERRY SLEDGE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLEDGE, SHERRY L
Address: 16940 WINDCHIME DR.
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: P () Delete
Name: SLEDGE, SHERRY L
Address: 756 MARLIN SPIKE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: ST () Delete
Name: SHORE, SHARLA L
Address: 16828 MIRAGE CROSSING CT #B
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: VP () Delete
Name: SHORE, SHARLA
Address: 756 MARLIN SPIKE DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SHORE, SHARLA L
Address: 16940 WINDCHIME DR.
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY SLEDGE

P

10/23/2005

Electronic Signature of Signing Officer or Director

Date