

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041031

1. Corporation Name

TOTAL LIFESTYLE CENTER, INC.

2. Principal Office Address

213 SW 9TH AVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

3. Mailing Office Address

213 SW 9TH AVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1998

5. FEI Number

650835399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. DENISE SAGERHOLM, ESQ.

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

504 SW 18TH ST.

Suite, Apt. #, Etc.

500004242355-2

-05/17/01--01076-011

****300.00 ****300.00

City

FT. LAUDERDALE

State

FL

Zip Code

33315

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

A. Denise Sagerholm

A. DENISE SAGERHOLM

Date 04/24/01

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
Div/3	AMY STRAUT	213 SW 9TH AVE	FT. LAUDERDALE, FL 33312
Div/1	MARY ELLEN CLARK	213 SW 9TH AVE	FT. LAUDERDALE, FL 33312

REINSTATEMENT (10-01)

TS

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:

Mary Ellen Clark President Mary Ellen Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01 954/462-8028

Date

Daytime Phone #

CR25081 (8/00)