

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 AM 9:12

CORPORATION
REINSTATEMENT

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

DOCUMENT # P98000049385

1. Corporation Name
Wellness Family Practice, Inc.

2. Principal Office Address
500 Memorial Cr. Suite C
Suite, Apt. #, etc.
Suite C
City & State
Ormond Beach, FL.
Zip
32174
Country
USA

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
6-2-98

5. FEI Number
59-3515236
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
DANIEL S. Friebris

Street Address (P.O. Box Number is Not Acceptable)
3890 Turtle Creek Dr.

Suite, Apt. #, Etc.
Suite B-1

City
Port Orange

State
FL

Zip Code
32127

2008084618012--8
-10/01/01--01092--027
****450.00 ****450.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kelly J. Hensgen	186 Coquina Key Dr.	Ormond Beach, FL 32176
			SP

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)(f), 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: X Kelly J. Hensgen 9/19/01 386-615-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9-20-01
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Wellness Family Practice

Kelly Hensgen, D.O.

To: Divisions of Corporations

From: Wellness Family Practice Inc.
Document # P98000049385

I am requesting Wellness Family Practice Inc. to be reinstated as an active corporation.
Enclosed is the fee for each-year delinquent, for a total of \$450.00. Per my phone
conversation with your office 09/19/01, the reinstatement fee is waived. (post office
returned mail to sender, which you have on record).

Sincerely,

Kelly J. Hensgen, D.O.
President