

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 05 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000052920

1. Corporation Name

Healthy Women, P.A.

REINSTATEMENT 03-04

400025721354
12/23/03--01019--004 **900.00

2. Principal Office Address

13901 US 1

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

City & State

Juno Beach, FL

City & State

Zip

33408

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/98

5. FEI Number

05-0851288

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

Holly Hadley

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

11407 Riverwood Pl.

Suite, Apt. #, Etc.

NPB

City

NPB

State

FL

Zip Code

33408

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

Holly Hadley

Date

12/1/03

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
Pres	Holly Hadley	11407 Riverwood Pl.	NPB, FL 33408

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:

Holly Hadley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/03 561-830-0840
Daytime Phone #