

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000061683**

1. Corporation Name

CEDERQUIST MEDICAL WELLNESS CTR, INC

2. Principal Office Address

4760 TAMIAHI TR. N

Suite, Apt. #, etc.

STE 1-A

City & State

NAPLES, FL

Zip

34103

Country

USA

3. Mailing Office Address

4760 TAMIAHI TR. N

Suite, Apt. #, etc.

STE 1-A

City & State

NAPLES, FL

Zip

34103

Country

USA

800023516928

02/03--01072--022 **300.00

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/15/98

5. FEI Number

59-3529688

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

CAROLINE J. CEDERQUIST, M.D.

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

370 RUDDER

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

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

8/19/03

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	CAROLINE J. CEDERQUIST M.D.	370 RUDDER	NAPLES, FL 34102

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(239) 430-1700

Daytime Phone #

CR2E081 (10/02)

282

Cederquist Medical Wellness Center
(Body Beautiful Medical Wellness)
4760 Tamiami Trail North, Suite 1
Naples, FL 34103
Phn: 239.430.1700 Fax: 239.430.2027

8/19/2003 1:46 PM

Florida Dept. of State
Division of Corporations
UBR Filings
P.O. Box-1500
Tallahassee, FL 32302-1500

Re: 2002 & 2003 Filings for Cederquist Medical Wellness Center
FEIN 59-3529688

Reinstatement & Waiving of Reinstatement Fees

Dear Sir or Madam,

Just discovered that we have not paid the 2002 and 2003 filing fees. Upon further research we found that the UBR Report was sent to the wrong address; therefore, we never received the reports or any notices.

We are taking immediate action by enclosing a check for the 2002 and 2003 fees, and providing an address correction. Would appreciate your waiving the reinstatement fee, please advise.

Correct address of the Agent: Caroline J. Cederquist, MD
370 Rudder
Naples, FL 34102

Sincerely,


Caroline J. Cederquist, MD