APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC 27 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076987

1. Corporation Name

FOREVER YOUNG NATURAL HEALTHCARE CENTER, INC.

2. Principal Office Address	3. Mailing Office Address
3725 DEL PRADO BLVD.	3725 DEL PRADO BLVD.
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33904 / Country UNITED STATES	Zip 33904 / Country UNITED STATES

REINSTATEMENT 99-05

4. Date Incorporated or Qualified To Do Business in Florida 09/04/1998

5. FEI Number ☑ 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 SAMUEL BAUTISTA, JR.

Street Address (P.O. Box Number is Not Acceptable) 3725 DEL PRADO BLVD, Suite 7

Suite, Apt. #, Etc. 3724

City CAPE CORAL | State FL | Zip Code 33904

400063316034
01/10/06--01035--015 **0.75
900063316249
01/10/06--01035--016 **165.00

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 12/21/05

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
PRESIDENT	EVA BAUTISTA, PRESIDENT AND DIRECTOR	224 W 35TH STREET, SUITE 1102	NEW YORK, NY 10001

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)(l), 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: Eva Bautista EVA BAUTISTA 12/21/05

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

K. Eckel DEC 28 2005