

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061274

1. Corporation Name

EWIN, INC.

Principal Place of Business

600 SANDTREE DR  
206C  
PALM BEACH GARDENS FL 33403

Mailing Address

600 SANDTREE DR  
206C  
PALM BEACH GARDENS FL 33403

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1999

5. FEI Number

65-0937740

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COATES, LESLIE	600 SANDTREE DR 206C	PALM BEACH GARDENS FL 33403

100008806081

11/05/02--01053--010 \*\*\*150.00

8. Name and Address of Current Registered Agent

COATES, LESLIE  
600 SANDTREE DR  
206C  
PALM BEACH GARDENS FL 33403

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.


City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

  
REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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

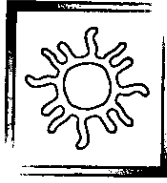
Date

10/28/02

Daytime Phone #

361-799-0000

CR2E040 (8/02)



Palm Beach Mental Fitness  
I N S T I T U T E

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Neurofeedback • Relationships • Depression • Addictions • Eating Disorders

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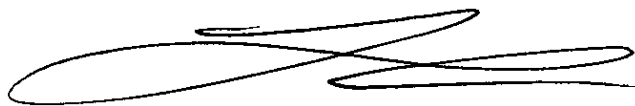
10/28/02

To whom it may concern,

I did not receive my notices prior to  
this notice about my corporation.

In compliance with the phone message  
I am enclosing \$150 to reinstate  
my Corp.

Thank you

 Pres.