

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000087869

1. Corporation Name

HEALTHYME, INC.

Principal Place of Business

811 WASHINGTON ST.
HOLLYWOOD FL 33019

Mailing Address

811 WASHINGTON ST.
HOLLYWOOD FL 33019

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

10/04/1999

5. FEI Number

65-0979922

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
D	STEINBERG, BEVERLY F	811 WASHINGTON ST.	HOLLYWOOD FL 33019
D	STEINBERG, JAY A	811 WASHINGTON ST.	HOLLYWOOD FL 33019
			200003473102--4 -11/21/00--01090--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PRIMEAU, JOHN C
4601 SHERIDAN ST., SUITE 505
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Beverly F. Steinberg

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

811 Washington St

Suite, Apt. #, Etc.

Hollywood

City

State

FL

Zip Code

33019

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.

Signature of
Registered Agent

Beverly F. Steinberg
REGISTERED AGENT MUST SIGN

Date 10/31/2000

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:

Beverly F. Steinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2000

Date

Daytime Phone #

KE

954-920-6472