

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 APR 21 AM 4:41

DOCUMENT # **S34525**

1. Corporation Name

HEALTH CENTER FOR BETTER LIVING, INC

HR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

100014096881

04/08/03--01007--014 **150.00

100014096881

03/14/03--01094--014 **750.00

2. Principal Office Address

1414 ROSEMARY LN

Suite, Apt. #, etc.

3. Mailing Office Address

1414 ROSEMARY LN

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

U.S.A

Zip

34103

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

1992

Jan 1

5. FEI Number

65-0242559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Todd Eric Weardon

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

1414 ROSEMARY LN

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103

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

Todd Eric Weardon

REGISTERED AGENT MUST SIGN

Date **3/3/03**

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
P	TODD WEARDON	1414 ROSEMARY LN	NAPLES FL 34103
V	AARON WEARDON	1414 ROSEMARY LN	NAPLES FL 34103
T	JASMINE WEARDON	1414 ROSEMARY LN	NAPLES FL 34103
S	PERRY WEARDON	1414 ROSEMARY LN	NAPLES FL 34103

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:

Todd Eric Weardon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

239-643-2477

Daytime Phone #

CR2E081 (10/02)