

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 27 AM 7:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S43025

1. Corporation Name

HEALTHSTYLE MANAGEMENT CO., INC.

REINSTATEMENT 02

400009716024
12/27/02--01049--002 **750.00

2. Principal Office Address
6001 N OCEAN DR

3. Mailing Office Address
6001 N OCEAN DR

Suite, Apt. #, etc.

APT 1101

Suite, Apt. #, etc.

APT 1101

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33019

Country

Zip

33019

Country

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

04/02/1991

5. FEI Number

65-0257307

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

LEE KOSOW

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

2275 S OCEAN BLVD

Suite, Apt. #, Etc.

305-S

City

PALM BEACH

State
FL

Zip Code

33480

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

Lee Kosow

REGISTERED AGENT MUST SIGN

Date

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
DPT	NOBLE, DOUGLAS B.	15 MARLA CIRCLE	NEWTON, MA 02459
DS	BLANK, MARJORIE	6001 N OCEAN DR APT 1001	HOLLYWOOD, FL 33019
D	KOSOW, LEE S.	2275 S OCEAN BLVD 305-S	PALM BEACH, FL 33480

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:

Lee Kosow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

78 1/2