

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

OCT 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62476**

1. Corporation Name

BODYWORK EVOLUTION, INC

2. Principal Office Address

260 NE 51ST Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Zip

33334-1615

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/9/92

5. FEI Number

65-0357999

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

DONNA KENT

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

2825 University Drive #410

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

Date

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	Cheryl Dalton	260 NE 51 ST St.	Ft Lauderdale FL 33334

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10-07-02

Date

Daytime Phone #

954) 491-4912

CR2E081 (9/01)

9/10/02



ACCOUNTING & TAX SERVICE, INC.

2825 N. University Drive, Ste 410 • Coral Springs, Florida 33065
(954) 752-3909 • Fax: (954) 752-7480

September 30, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

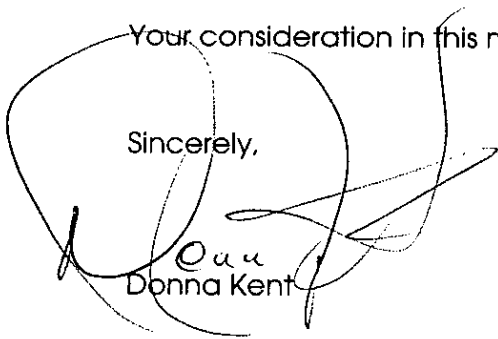
Re: Bodywork Evolution, Inc
260 NE 51st Street
Ft. Lauderdale, FL 33334-1615

To Whom It May Concern:

We are the accounting firm for the above-mentioned client. Bodywork Evolution, Inc. has a current status of inactive on the list of corporations due to the Uniform Business Report not being filed during the years of 1999, 2000, 2001, and 2002. They were incorporated in 1992. As you will notice their payments were made each year until 1999. The reason for this oversight was due to our client moving and never receiving the Uniform Business Report. We are including a check in the amount of 600.00. We ask you to consider the clients past payment history and that due to not receiving the Uniform Business Report this was truly and oversight.

Your consideration in this matter is greatly appreciated.

Sincerely,



Donna Kent