

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 24 PM 6:59

DOCUMENT # P0000023508

1. Corporation Name

AYURVEDA THERAPY INC.
 AYURVEDA THERAPY INC.

Principal Place of Business

Mailing Address

2202 S. CYPRESS BEND DR.
 #402
 POMPANO BEACH FL 33069

2202 S. CYPRESS BEND DR.
 #402
 POMPANO BEACH FL 33069



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1023139

Applied For

Not Applicable

City & State

City & State

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	JACOB, Diane	2202 S. CYPRESS BEND DRIVE, #402,	POMPANO BEACH, FL. 33069

000004678770--1
 -11/14/01--01054--019
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOB, DIANE

~~2542 SW 16TH ST.~~

~~DEERFIELD BCH FL 33442~~

Name

JACOB, DIANE

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

2202 S. CYPRESS BEND DRIVE,

Suite, Apt. #, Etc.

#402,

City

POMPANO BEACH

State

FL

Zip Code

33069

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-19-01

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 REQUIRED
 DIANE JACOB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-01

Date

(954) 969-0156

Daytime Phone #

CR2640 (8/01)

DIANE JACOB, LMT.
AYRUVEDA THERAPY INC.
2202 S.CYPRESS BEND DRIVE,
#402,
POMPANO BEACH, FL.33069.
(954) 969-0156.

Department Of State
Division of Corporations.
P.O. Box 6327,
Tallahassee, Fl. 32314.-

October 19th,2001.

TO WHOM IT MAY CONCERN.

Re: Doc.#: P00000023508.

Dear Sir/Madam,

I am in receipt of your Notice of Administrative Dissolution or Revocation.

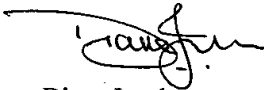
I did not receive a first or second notice annual report/uniform business report from your office. Had I been aware of the filing time and fee payment, it would have been submitted immediately.

I spoke with an associate from your office. ID: cmcintyre on 10-16-01, and she advised me to submit the necessary forms along with a fee of \$150.00. I also spoke with a Marie today, and she advised me to do the same.

Please find enclosed, the completed form and a cheque for \$150.00.

I would appreciate if this unfortunate matter would be rectified as soon as possible, and I thank you in advance.

Sincerely,



Diane Jacob.