PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT 22 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # P02000090649

1. Corporation Name

Terrell Therapies

2. Principal Office Address	**3.** Mailing Office Address
217 Cook Street	217 Cook Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon FL	City & State: Brandon, FL
Zip: 33511 Country: US	Zip: 33511 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: Aug. 2002

5. FEI Number: ☐ 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: Sally J. Terrell

Street Address (P.O. Box Number is Not Acceptable): 6024 Gannetdale Drive

Suite, Apt. #, Etc.:

City: Lithia | State: FL | Zip Code: 33547

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: Sally J Terrell (REGISTERED AGENT MUST SIGN) Date: 10/1/03

CR2E081 (10/02)

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	Sally J. Terrell	6024 Gannetdale Dr.	Lithia, FL 33547
VP	Kelly E. Terrell	6024 Gannetdale Dr	Lithia, FL 33547
T	Thomas F. Terrell	6024 Gannetdale Dr	Lithia, FL 33547

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: Sally J Terrell Sally J. Terrell 10/01/03 (813) 654-9302
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

JT 10/22

10/02/2003

To Whom It May Concern,

Per our phone conversation on Wednesday, October 1st, I am submitting the completed re-instatement form and a check for the annual fee of $150.00, along with this letter of explanation. Through a strange series of events, I happened to hear about the Uniform Business Report from a friend, who also owns a business. I had never heard of it before, so I called my accountant to find out if he had done it for me and had not told me about it. Apparently I was supposed to receive the form by mail, I checked on-line, and you do have the correct business address, so I am not sure what could have happened to it. We *have* been having some problems with some of our neighbors and there have been a few incidents of vandalism in the past several months, so I am not sure whether that had something to do with it or not. At any rate, we would be happy to pay the fee, but being a new corporation, we just weren't aware it existed.

Thank you very much and our apologies,

Sally J Terrell

Sally Terrell, President