

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 12 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073702

1. Corporation Name

Beyond Hegels Therapy, Inc.

2. Principal Office Address

1730 SW 23 Terrace
Suite, Apt. #, etc.

3. Mailing Office Address

1730 SW 23 Terrace
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 9, 1999

5. FEI Number

05-0947540

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

Diane Papurello

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

1730 SW 23 Terrace

Suite, Apt. #, Etc.

400009490204

12/12/02--01081--001 **150.00

City

Ft. Lauderdale

State
FL

Zip Code

33312

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

Diane Papurello

Date

12-4-02

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
P	Diane Papurello	1730 SW 23 Terrace	Ft. Lauderdale, FL 33312

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:

Diane Papurello

(DIANE Papurello) 12-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 816-5662

12/13

CR2E081 (9/01)

December 4, 2002

TO: Department of State

FROM: Diane Papurello

RE: Reinstatement of Incorporation

I am inclosing a \$150.00 check for my incorporation fee. I did not receive the renewal in the mail and I ask that the late fees be waived. Please note a new address, also.

Thank you so much for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Diane Papurello".

Diane Papurello