

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 NOV 26 AM 11:39

DOCUMENT # **753545**

1. Corporation Name

AMERICAN STRESS ASSOCIATION, Inc.
 WOL-27989

2. Principal Office Address

13233 Military Trail

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip

Country

33446 U.S.A.

3. Mailing Office Address

PO Box 2928

Suite, Apt. #, etc.

City & State

PALM BEACH FL

Zip

Country

33480 USA

REINSTATEMENT 87-03

4. Date Incorporated or Qualified To Do Business in Florida

1980 or 1986
7-30-80

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

R. DIANE COPELAND

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

13233 Military Trail

Suite, Apt. #, Etc.

City

DELRAY BEACH

200025066062
 11/26/03--01015--020 **1211.35

200025066062
 11/26/03 State FL Zip Code 021 **8.75

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

R. Diane Copeland

REGISTERED AGENT MUST SIGN

Date **Oct 26, 2008**

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
Director	R. Diane Copeland	13233 Military Trail	Delray Beach, FL 33446
Director	D. WARREN BRUZAS	1705 MARSHAL RD.	West Palm Beach, Florida
Director	Melody Ho	415 El Vedado	West Palm Beach, Florida

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)(f), 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:

R. DIANE COPELAND *R. Diane Copeland*

Date **Oct 26, 2008**

Daytime Phone # **561-495-8000**

\$70.00 **reinstatement** **1216.25** **\$8.75 certificate of status**

CR2E081 (8/00)