PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W0900010504	09 MAR 19 PM 1: 10
DOCUMENT # 1. Corporation Name Allows U	VISITE LEG MASSIST	SECRETARY OF STATE TALLAHASSEE, FLORIDA
B375-66 ST W. PINELLAS PARK \$1 33781		400144979744 03/04/0901036016 **900.00
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	CR2E081 (12/08) h \ - 09
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City erstate	City & State	To Do Business in Florida // - 50
FINEITHS BARK		5. EEI Number Applied For Not Applicable
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of	f Current Registered Agent	
Name Phillip Castro		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
6375 66 ST W Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City PW 1/845 Prack 4 33781 State 33781		fee be waived.
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 Date 3/2/9 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	h City/State/7io
Pro Phill. Pas	Tru 6375 66 st	
-		400144979744 03/19/0901011009 **450.00
REINSTAT	EMENT DL	
,	EMENI PH	
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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 contained in Chapter 119, 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: 3/2/9 5'44-6117 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bale Daytime Phone #		