

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION

FLORIDA DEPARTMENT OF STATE

RECEIVED  
Kathryn Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 26 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **FP91000001682**

1. Corporation Name

*Therapeutic Concepts, Inc*

2. Principal Office Address

*115 Ave. L*

Suite, Apt. #, etc.

3. Mailing Office Address:

*115 Ave. L*

Suite, Apt. #, etc.

City & State

*Delray Beach, FL*

Zip

*33483*

Country

*U.S.A.*

City & State

*Delray Beach, FL*

Zip

*33483*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*3/1999*

5. FEI Number

*65-0813808*

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

*NRAI SERVICES, INC.*

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

*526 E. Park Avenue*

Suite, Apt. #, Etc.

City

*Tallahassee*

State

*FL*

Zip Code

*32301*

4000004195044-1  
-05/11/01--01015--032  
\*\*\*\*300.00 \*\*\*\*300.00

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

*Eileen Ash, Asst. Secy.*

REGISTERED AGENT MUST SIGN

Date

*4/23/01*

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

*Pres Allan Boshell*

*3415 Norfolk St*

*Pompano Beach, FL 33062*

*V.P. Robert Stanley*

*382 Mulberry Rd.*

*Hazelgreen, AL 35750*

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:

*Allan Boshell* *Allan Boshell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/4/01*

Daytime Phone #

*561-330-8231*

CR2E081 (9/00)

202

THERAPEUTIC  
CONCEPTS  
*Preventive Health and Natural Healing*

March 21, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir,

It was recently brought to my attention that our corporation had been dissolved for failure to file an annual report. I was very surprised at finding this out. It appears that we did not receive the forms for this report covering the year 2000. I believe what must have happened was the application was sent to an old address for the company.

I have attached some correspondence between Ms. Thelma Lewis of your office and myself. At the time of our correspondence we were changing the name under which we do business in Florida (see attached letters). Since we were in discussion with your office and corresponding by mail, it seems everyone here thought that our correct address was on file with your department. Unfortunately, it appears that this was a misunderstanding since the annual report never came to this address.

I am respectfully requesting that we be allowed reinstatement of the company without paying penalties. Since we never received a renewal we really didn't realize there was a need to file. Please know that this was an innocent error and a case of misunderstanding and we would really appreciate your consideration with our request. If you need any further information or should need to forward us any information you can call us at 561-330-8231 or write at our mailing address of Therapeutic Concepts, 115 Avenue L, Delray Beach, FL 33483.

Sincerely,

  
Allan Boshell