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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPORAT	—		LORIDA DEPARTMENT OF S' Katherine Harris		FIL		
			Secretary of State		00 DEC 27	AM 11: 59	

DOCUMENT # H91114

1. Corporation Name

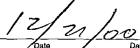
ARTHRITIS PAIN TREATMENT CENTER OF

	CLEARW	ATER	R, FLORIDA	A									
2. Principal Office Address 712 Grand Central St.)	3. Mailing Office Address 712 Grand Central St. Suite, Apt. #, etc.								,
Suite, Apt. #, etc. City & State			Suite, Apt. #,	4. Date Incorporated or Qualified To Do Business in Florida 12/20/85 5. FEI Number					 -				
Zip	Clearwater, FL Zip Country 33756 Pinellas								Clearwater, FL Zip Country 33756 Pinellas		Fee require		
			All the second s	7. !	Name and /	Address of C	Current Registe	red Agent					
	Street Add	dress (P.C	Sally M. O. Box Number is No. 2221 Ker	ot Acceptable)				6	=	:03/21 <i>/</i>	/01==L	956 31035=- ****1	#U1(
	City		Clearwat	er	رسايس سان				State FL	Zip Code 3351		and the second second second second	
8. I, being Signature o Registered	of	• register	red agent of the abou	ve named corpo	·		and accept the o	obligations of section		05 or 617.05			
9. Names	and Street A	ddresses	s of Each Officer and	I/or Director (Fk	orida nonpro	ofit corporatio	ins must list at le	east 3 directors)					. •••
Titles		Office	Name of ers and/or Directors				Address of Each r and/or Directo						
P,M	Sally	<u>M.</u>	Marlowe		2221	Kent	Place		Clea	rwate	r, F	L 33	519-
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	 I								V	Y NO	10		

10. I certify that I am an object 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 filling 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.

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1/		CICHARIST	AND TYPED OF PRINT	ED MARIE OF CIONES	

Sally M. Marlowe officer of Director



Daytime Phone #

December 20, 2000

Sally M. Marlowe Arthritis Pain Treatment Center of Clearwater, Florida 712 Grand Central St. Clearwater, FL 33756

Department of State Divison of Corporations P.O. Box 6327 Tallahassee, FL 32314

I am writing this letter as an explanation for why ARTHRITIS PAIN TREATMENT CENTER OF CLEARWATER, FLORIDA (FEI # 59-2784276) did not timely file and pay the Florida CORPORATION ANNUAL REPORT for the year 2000.

It did not come to my attention until recently that my Corporation had not filed it's Annual Report for the year 2000. I believe there are two major reasons for this. For the past several years I had been married to a CPA who's company I was relying on to help with the business's many reporting requirements. We were divorced during 1999 and I was not fully aware of all filing requirements. Also, my business moved to a new location in early 1999. I have been told that your records still show our old address. This would explain why I did not receive your mailings to bring this oversight to my attention.

With a new accountant now in place, I am in position to once again remain in compliance with the filing requirements. I ask for your understanding during what has been a very difficult period and ask that you waive the late penalties and accept my enclosed check as full payment for Corporation Reinstatement. Thank you.

marlone D. C.

Sincerely,

Sany M. Mariowe

ARTHRITIS PAIN TRÉATMENT CENTER

OF CLEARWATER, FLORIDA