

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L68988	
1. Entity Name LICENSED MASSAGE THERAPY INC.	



FILED
05 OCT 17 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6700 WINKLER ROAD STE 1 8N FT MYERS, FL 33919 US	Mailing Address 6700 WINKLER ROAD STE 1 8N FT MYERS, FL 33919 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10142005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent GRIFFITHS, DARLAJEAN M 4013 SE 2ND AVE. CAPE CORAL, FL 33904	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRIFFITHS, DARLAJEAN M 4013 SE 2ND AVE. CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060694559 10/18/05--01008--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	90-14-05 (239) 481-5033 Date Daytime Phone #