

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N01000007613**

1. Corporation Name

**BODY AND SOUL - THE ART OF HEALING, INC.**

Principal Place of Business

9943 MERLIN DRIVE EAST  
JACKSONVILLE FL 32257

Mailing Address

9943 MERLIN DRIVE EAST  
JACKSONVILLE FL 32257

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

03 JUL 15 PM 12:47

SECRETARY OF STATE  
FLORIDA

REINSTATEMENT

02-03



000021130820

06/25/03--01024--002 \*\*236.25

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2001

5. FEI Number

04-3593897

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JENKINS, JAMES E	9943 MERLIN DRIVE EAST	JACKSONVILLE FL 32257
D	IBACH, JOHN R JR M.D.	904 GREENRIDGE ROAD	JACKSONVILLE FL 32207
D	BRYAN, J.F. IV	ONE INDEPENDENT DRIVE #3201	JACKSONVILLE FL 32202
D	GARTLAND, MAUREEN	1750 STOCKTON STREET	JACKSONVILLE FL 32204
D	ABRAMSON, NEIL M.D.	1235 SAN MARCO BLVD.	JACKSONVILLE FL 32207
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8. Name and Address of Current Registered Agent

JENKINS, JAMES E  
9943 MERLIN DRIVE EAST  
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 6-23-2003

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/03

904 733-8680

Daytime Phone #

CR2E040 (8/02)