

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004851

1. Corporation Name

ROCK N'WIN EQUITHERAPY, INC.

Principal Place of Business

147 LASLIE PLANTATION RD.
QUINCY FL 32351

Mailing Address

147 LASLIE PLANTATION RD.
QUINCY FL 32351

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

2. New Principal Office Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 09/19/1996	
1983, Hoot Owl Hill 32317	SAME	5. FEI Number 59-3418849	
City & State TALLAHASSEE, FL 32317	Zip USA	6. Applied For Not Applicable	
7. NAMES AND STREET ADDRESSES OF EACH OFFICER AND/OR DIRECTOR (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BEASLEY, DEBORAH	RT 3 BOX 355 600 SCOTLAND RD	HAVANA FL 32333
DS	JONES, DEBORAH REVEIL, LISA	1009 LONGSTREET DRIVE 1983 Hoot Owl Hill	TALLAHASSEE FL 32391 TALLAHASSEE FL 32317
DM	HURSH, JANET HALL, KEVIN	8249 QUAIL VALLEY ROAD RT 4 Box 81	TALLAHASSEE FL 32398 BIAKELY, GA 31723
DV	KELLOG, ANNE TURNER, ROBERT	RT. 0, BOX 8570 110 LIBERTY ST	QUINCY FL 32351 BIAKELY, GA 31723
DT	FOXWORTH, DOTTIE	RT. 2 BOX 0211 2040 FRANK SMITH RD	QUINCY FL 32351 32352
DD	WILLIAMS, SANDI	1983 Hoot Owl Hill	TALLAHASSEE, FL 32317

8. Name and Address of Current Registered Agent

WILLIAMS, SANDI
147 LASLIE PLANTATION RD.
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name 1983 Hoot Owl Hill		
Street Address / P.O. Box / Mailing Address 1983 Hoot Owl Hill		
Suite, Apt. #, Etc. LS		
City TALLAHASSEE	State FL	Zip Code 32317

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.

Signature of
Registered Agent

Sandi Williams
REGISTERED AGENT MUST SIGN

500004765055-6
-01/10/02-01058-009
****245.00 ****245.00

Date 12/24/01

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: *Sandi Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/01

Date

Daytime Phone #