

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 31 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004851

1. Corporation Name

ROCK N'WIN EQUITHERAPY, INC.

Principal Place of Business

147 LASLE PLANTATION RD.
QUINCY FL 32354

Mailing Address

147 LASLE PLANTATION RD.
QUINCY FL 32354



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

REINSTATEMENT

2001

2. New Principal Office 1983 HOOT OWL HILL		3. New Mailing Office Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 09/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3418849	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		Applied For Not Applicable	
Zip 32317		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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 338 600 SCOTLAND RD	HAVANA FL 32333
DND DS	JONES, DEBORAH REVELL, LISA	1000 LONGSTREET DRIVE 1983 HOOT OWL HILL	TALLAHASSEE FL 32311 TALLAHASSEE FL 32317
DS DM	MURSH, JANET HALL, KEVIN	0240 QUAIL VALLEY ROAD RT 4 Box 81	TALLAHASSEE FL 32308 BLAKELY, GA 31723
DS DYP	KELLOG, ANNE TURNER, ROBERT	RT 6, BOX 8570 110 LIBERTY ST	QUINCY FL 32351 BLAKELY, GA 31723
DT DT	FOXWORTH, DOTTIE	RT 2 BOX 0210 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 LASLE PLANTATION RD.
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name
Street Address (If Different from Mailing Address)
1983 HOOT OWL HILL
Suite, Apt. #, Etc.
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.

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

Signature of Registered Agent
SANDI WILLIAMS
REGISTERED AGENT MUST SIGN

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 #

CR2E040 (8/01)