

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 99000003990

1. Corporation Name

Healing Arts Alliance, Inc.

2. Principal Office Address - No P.O. Box # <b>5300 Trout Trail</b>	3. Mailing Office Address  Suite, Apt #, etc.
City & State <b>Tallahassee, FL</b>	City & State  Zip      Country
Zip <b>32311</b>	Zip      Country <b>USA</b>

400205090854  
04/28/11--01001--020 \*\*\*848.75

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**S9-3594412**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

01-11B 4/27/11  
REINSTATEMENT

7. Name and Address of Current Registered Agent

Name <b>Spencer Ingram</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>118 Salem Court</b>		
Suite, Apt. #, Etc.		
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32301</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date **4/27/11**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	<b>J. Susanne Howell (Susie)</b>	<b>9601 Miccosukee Rd. M.L.C. 45</b>	<b>TLH, FL 32309</b>
VP	<b>Leslie Hanks</b>	<b>1430 N. Randolph Cir.</b>	<b>TLH, FL 32308</b>
TR	<b>Carol Cunningham</b>	<b>5300 Trout Trail</b>	<b>TLH, FL 32311</b>
S	<b>Vicki Westmoreland</b>	<b>521 E. College Ave.</b>	<b>TLH, FL 32301</b>
D	<b>Toni Walmsley</b>	<b>4655 Louvinia</b>	<b>TLH, FL 32311</b>
D	<b>Rick Ferrall</b>	<b>521 E. College Ave.</b>	<b>TLH, FL 32301</b>

10. E-mail Address: **cmcchiro@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

**J. Susanne Howell, President 4-27-11 877-0371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850**