

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 27 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000003990**

1. Corporation Name

Healing Arts Alliance, Inc.

2. Principal Office Address - No P.O. Box #

5300 Trout Trail

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

32311

USA

Zip

Country

400205090854

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

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3596412

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Spencer Ingram

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

118 Salem Court

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

01-11 B 4/27/11
REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/27/11**

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	J. Susanne Howell (Susie)	9601 Microsukee Rd. M.L.C. 45	TLH, FL 32309
VP	Leslie Hanks	1430 N. Randolph Cir.	TLH, FL 32308
TR	Carol Cunningham	5300 Trout Trail	TLH, FL 32311
S	Vicki Westmoreland	521 E. College Ave.	TLH, FL 32301
D	Toni Walmsley	4655 Louvinia	TLH, FL 32311
D	Rick Ferrall	521 E. College Ave.	TLH, FL 32301

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

Date

Daytime Phone #

4-27-11 877-0371