

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

192

FILED

01 NOV -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000556

1. Corporation Name

HEALING HEARTS MASSAGE THERAPY, INC.

Principal Place of Business

5646 WELLESLEY PARK DRIVE, #301
BOCA RATON FL 33433

Mailing Address

5646 WELLESLEY PARK DRIVE, #301
BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. *N/A*

City & State *N/A*

Zip

Country

3. New Mailing Office Address, If Applicable

Suite/Apt. #, etc. *N/A*

City & State *N/A*

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/2000

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BREWBAKER, PHYLLIS	5646 WELLESLEY PARK DRIVE, #301	BOCA RATON FL 33433
			4000004698174--8 -11/29/01--01045--019 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

BREWBAKER, PHYLLIS
5646 WELLESLEY PARK DRIVE, #301
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

N/A

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/27/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

October 26, 2001

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To whom it may concern:

I just received the application for reinstatement for my corporation.

This is the first notice that I have received from the State of Florida. I was unaware of monies owed and the proper paperwork to be handled for a corporation.

I have been out of the State of Florida and have not been receiving a great part of my mail for a few months.

I was in Wyoming taking care of my mother who had cancer and ultimately had surgery to remove her kidney. In the process of taking care of my sick mother I myself injured my shoulder and consequently had to have surgery myself in August. And have been unable to work, write or even take much care of myself. I just now after two months able to start picking up the pieces of my life and even to use my right hand to write.