

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 10:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000043943**

1. Corporation Name

NATURAL HEALING OF LEE, INC.

Principal Place of Business

Mailing Address

2424 SOUTH ST
FT MYERS FL 33901

P.O. BOX 7021
FT. MYERS FL 33911-7021

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33901

USA

REINSTATEMENT 83



09/26/03 01039 001550

4. Date Incorporated or Qualified To Do Business in Florida

04/30/2001

5. FEI Number

65-1118563

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	REISINGER, MICHELLE	2424 SOUTH ST 2103 Wright St 33916	FORT MYERS FL 33901 33916

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REISINGER, MICHELLE
2424 SOUTH STREET
FORT MYERS FL 33901

Name Michelle Reisinger

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

2103 Wright St

Suite, Apt. #, Etc.

City fort Myers

State FL

Zip Code 33916

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-13-03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

239-560-1820

Daytime Phone #

CR2E040 (7/03)

Natural Healing
P.O. Box 7021
Ft. Myers, FL.
33911

Fla Dept. of State
Justin Shivers
Document Specialist.

Re: letter # SD3A00053952

- This is in response to the 2003 WBR.
(Original Enclosed)

This was mailed in plenty time. Please note
the copy of the check (enclosed) This
was dated 7-13-03.

I do not know why it took so long
for it to be received. But, it is
obvious the check was dated long before
Sept 10.

I had originally noticed the address was
wrong & changed it on the original document.

I phoned and spoke w/ someone who told me
to resubmit and ask that the late fee be
waived due to the date on the check.

I am enclosing the application for reinstatement.

I am also requesting the late fee be waived.

Thank you

Michelle Reisinger

Natural Healing of Fee Inc.

Michelle 10-19-03 239-560-1870