

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ice 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

2002UBR
FILED

02 OCT 28 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048358

1. Corporation Name

HEALING HANDS MASSAGE THERAPY, INC.

Principal Place of Business

Mailing Address

C/O APICERNO CHIROPRACTIC
7116 S. MILITARY TRAIL
LAKE WORTH FL 33463

C/O APICERNO CHIROPRACTIC
7116 S. MILITARY TRAIL
LAKE WORTH FL 33463



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

11/15/02 90184 009 - 10500

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1124999

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
Pres	JEAN M. NELSON	4040 ARTHURIUM AVE	LANTANA FL 33462
			500009167885 11/22/02--01041--004 **53.75

8. Name and Address of Current Registered Agent

NELSON, JEAN MICHELE
5092 SHERMAN ROAD
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

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

4040 ARTHURIUM AVE

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

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 REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10/20/02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

561-964
2009

CR2E040 (9/02)

**HEALING HANDS MASSAGE THERAPY, INC.
CORPORATE OFFICES
4040 ARTHURIUM AVENUE
LANTANA, FLORIDA 33462**

zaf

October 23, 2002

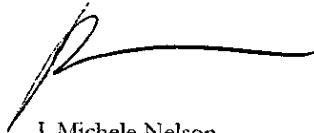
Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

I did not receive the 2nd rejection notice. We moved in June to the above address. I spoke to Michelle at your office today. And she advised me to send a check for \$45.00 and the enclosed forms filed out. I have also included the 8.75 charge for the Certificate of Status.

Thank you for all your help. It is greatly appreciated when dealing with the unknown.

Sincerely,



J. Michele Nelson
Authorized Representative