

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 OCT 17 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054003

1. Corporation Name

PROFESSIONAL MASSAGE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

275 TONEY PENNA DR.
SUITE 11
JUPITER FL 33458

275 TONEY PENNA DR.
SUITE 11
JUPITER FL 33458

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



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2001

5. FEI Number

65-1124463

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
DR.	PEARSALL, DON S	275 TONEY PENNA DR., STE. 11	JUPITER FL 33458
DR.	LARUFFA, AUGUST J	275 TONEY PENNA DR., STE. 11	JUPITER FL 33458
			100023870401 10/17/03--01019--015 **150.00

8. Name and Address of Current Registered Agent

PEARSALL, DON S
275 TONEY PENNA DR., STE. 11
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name August Laruffa
Street Address (P.O. Box Number is Not Acceptable)
275 TONEY PENNA DR.
Suite, Apt. #, Etc.
11
City JUPITER
State FL Zip Code 33458

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 746-4242
5611

CR2E040 (7/03)

*Professional Massage Associates
Dr. August J. La Ruffa III*

*275 Toney Penna Drive
Suite 11
Jupiter, FL 33458*

Main Phone (561) 746-7405

Main Fax (561) 746-7405

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


10/13/03

To Whom It May Concern:

I never received my corporation renewal notice in the mail. Please find a check enclosed for the fee of \$150.00 for renewal.

Thank you in advance for your cooperation with this matter.

Yours in Health,


Dr. August La Ruffa