FILED
03 DEC 22 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(((H03000339940 3)))

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000059993

1. Corporation Name
IMMEDIATELY THERAPIST GROUP, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
7801 CORAL WAY	7801 CORAL WAY
Suite, Apt. #, etc. SUITE 114	Suite, Apt. #, etc. SUITE 114
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33155 / Country U.S.A.	Zip 33155 / Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 06/15/2001

5. FEI Number 65-1117994 ☐ 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: SONIA E. BARRETO

Street Address (P.O. Box Number is Not Acceptable): 7801 CORAL WAY

Suite, Apt. #, Etc.: 114

City: MIAMI, State: FL Zip Code: 33155

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: Barreto Date: 12/
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	SONIA BARRETO	10090 NW 80TH CT. #1248	HIALEAH GARDENS, FL 33016

10. 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: Barreto SONIA BARRETO 12/22/03 (305) 298-6393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

IMMEDIATELY THERAPIST GROUP, INC.

Certificate of Status	0
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