

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000093824*

1. Corporation Name

*Integrative Health
Consulting Inc.*

2. Principal Office Address - No P.O. Box #

888 Blvd of the Arts

Suite, Apt. #, etc.

702

City & State

Sarasota FL

Zip

34236

Country

USA

3. Mailing Office Address

P.O. Box 50997

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34232

Country

USA

REINSTATEMENT 07-09

400152858244

04/27/09 01032 0168450.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/01

5. FEI Number

59-378282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hagen S Pantor

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

888 Blvd of the Arts

Suite, Apt. #, Etc.

702

City

Sarasota

State

FL

Zip Code

34236

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
<i>P.V.P. T/S</i>	<i>Hagen S Pantor</i>	<i>888 Blvd of the Arts # 702</i>	<i>Sarasota FL 34236</i>

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 contained in Chapter 119, 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]*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 356-7546

005/7