

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000093895

1. Corporation Name

INTEGRATIVE THERAPY CENTER, INC.

Principal Place of Business

Mailing Address

~~212 A SAN MARCO AVENUE
SAINT AUGUSTINE FL 32084~~

~~212 A SAN MARCO AVENUE
SAINT AUGUSTINE FL 32084~~

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

2. New Principal Office Address, If Applicable

71 S. DIXIE highway
Suite, Apt. #, etc.
ST. Augustine, STE 9
City & State

3. New Mailing Office Address, If Applicable

71 S. DIXIE highway
Suite, Apt. #, etc.
SAINT Augustine, Fla STE 9
City & State

Zip 32084 Country ST. Johns

Zip 32084 Country ST. Johns

FILED

03 OCT 14 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500023770705
10/14/03--01003--022 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2001

5. FEI Number

36-4470879

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
PTD	BERNALL, FERNANDO L	20 HOPE STREET 19 Hope Street	SAINT AUGUSTINE FL 32084
VSD	MEYERS, BETH L	20 HOPE STREET 19 Hope Street	SAINT AUGUSTINE FL 32084

8. Name and Address of Current Registered Agent

BERNALL, FERNANDO L
212 A SAN MARCO AVENUE
SAINT AUGUSTINE FL 32084

19 Hope Street
ST. Augustine, Fla
32084

9. Name and Address of New Registered Agent

Name

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

19 HOPE STREET

Suite, Apt. #, Etc.

City

ST. Augustine

State

FL

Zip Code

32084

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

Fernando Bernall
REGISTERED AGENT MUST SIGN

Date 10/08/03

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:

Fernando Bernall, FERNANDO BERNALL 10/8/03 904 819-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

page 2 of 2



Integrative Therapy Center, Inc.

71 S. Dixie Highway, Suite 9
Saint Augustine, FL 32084

To whom it may concern:

I hereby inform you that we have not received any Uniform Business Reports (UBR) notices from your office.

Please update your records to reflect this letter and include our new address as follows:

Integrative Therapy Center, Inc.
71 S. Dixie Highway, Suite 9
Saint Augustine, Florida 32084

904-819-5466

Enclosed is a check for \$150.00. Thank you.

Sincerely,

Fernando Bernall, AP
President
10/08/2003



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Integrative Therapy Center

Fernando Bernall, AP.

*Board Certified Acupuncture Physician
Tai Chi/Kung Fu Instructor/Herbalist*

71 S. Dixie Highway, Suite 9
Saint Augustine, FL 32084

www.FernandoBernall.com 904-819-5466