PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Glenda E. Hood FOR 4 Secretary of State

FILED

03 OCT 14 PM 1: 34

REINSTATEMENT		Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #	P01000093	3895	

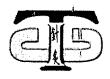
1. Corporation Name

INTEGRATIVE THERAPY CENTER, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal P	lace of Business	Mailing Addr	ess		[ALLAIN	14 Charles 1 Francis		
	MARCO AVENUE		ARCO-AVENUE> Stine-FL 32064			10023770	705	
If above	addresses are incorrect in any way, line t	hrough incorrect i	nformation and enter	correction below.	107147	/0301003022		
2. New Principal Office Address, If Applicable 3. New May 715. Dayle highway 715.			iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     09/24/2001			
	Augustine, STE 9	City & State	AUPUS INC	Pla "9	5. FEI Numbe	36-4470879	Applied For Not Applicable	
310	84 ST. Johns	Zip 208	Countr ST	20445	6. CERTIFICATE	E OF STATUS DESIRED 🗆	58.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	7		•			
Title(s)	Name of Officers and/or Directors	·		eet Address of Eacl ficer and/or Directo		City / State / Zip		
PTD	BERNALL, FERNANDO L		20 HOPE STREE	79 Hop	estret	SAITN AUGUSTINE FL	_ 32084	
VSD	MEYERS, BETH L		20 HOPE STREE	19 Hop	Nout	SAITN AUGUSTINE FL	. 32084	
	·		Heis	TAIL		53		
•	8. Name and Address of Currer	t Registered Age	ent .		9. Name and	Address of New Registere	ed Agent	
<del>-212-A</del> Saint			37087	Suite, Apt. #, Etc	gostive	<u> </u>	ate Zip Code	
Signature Registere	d Agent	REGISTERED AG	GENT MUST SIGN	1. Visib		Date 10/0	18/03	
this rei	instatement application, the reason for dis by the corporation have been paid and th	solution has been	eliminated, the corpo	orate name satisfies	s the requirements	s of section 607.0401 or 617	7.0401, F.S., that all fees	

FERNAND BERNALL

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

pagerote



## 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



## **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. Fernando Bernall.com

904-819-5466