

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 19 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01 000 1029 28

1. Corporation Name

ART. OF Touch of S.W. FLA. INC.

2. Principal Office Address

15194 Palm Isle Dr

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

15194 Palm Isle Dr

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33919

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-24-01

5. FEI Number

65-1148399

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

Nancy I. GALLAGHER

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

15194 Palm Isle Dr

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33919

800013343438

03/03/03--01076--010 **308.75

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

Nancy I. Gallagher

REGISTERED AGENT MUST SIGN

Date 2/10/03

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	Nancy I GALLAGHER	15194 Palm Isle Dr.	Ft Myers, FL 33919
VP	Nancy I GALLAGHER	15194 Palm Isle Dr	Ft Myers, FL 33919
Sect.	Nancy I. GALLAGHER	15194 Palm Isle Dr	Ft Myers, FL 33919
Treas.	Nancy I. GALLAGHER	15194 Palm Isle Dr.	Ft Myers, FL 33919

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:

Nancy I. Gallagher

NANCY I GALLAGHER

Date

2/10/03

Daytime Phone #

239 454 7509

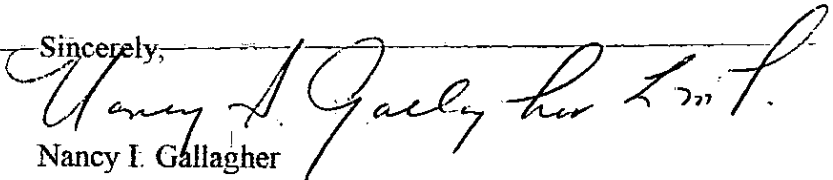
February 23, 2003

To Whom It May Concern:

Re: Art of Touch S.W. Florida Inc.
15194 Palm Isle Dr.
Ft. Myers, Fl. 33919
Doct. # P01000102928

Please be advised that due to an incorrect address I have never received my 2002 and 2003 uniform business report papers. I am asking that my penalties please be waved. I am enclosing a check for \$300.00 to bring my account up to date. Thank you for your help in this matter. I can be reached at (239) 454-7509.

Sincerely,


Nancy I. Gallagher