

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Dec 11, 2002 8:00 A.M
Secretary of State

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 02031
P01000105728

1. Corporation Name

AA Therapy Center, Inc.

2. Principal Office Address

5702 Lake Worth Rd

Suite, Apt. #, etc.

Suite 11

City & State

Lake Worth, FL

Zip

33467

Country

USA

3. Mailing Office Address

5702 Lake Worth Rd.

Suite, Apt. #, etc.

Suite 11

City & State

Lake Worth, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 1st 2001

5. FEI Number

65-1149-795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Milton Kaufman

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

5702 Lake Worth Rd

Suite, Apt. #, Etc.

Suite 11

City

Lake Worth

State
FL

Zip Code

33467

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/11/02

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
P	Milton Kaufman	5702 Lake Worth Rd	Lake Worth, FL 33467
T	Milton Kaufman	5702 Lake Worth Rd	Lake Worth, FL 33467
✓	Maxine S. Kaufman	5702 Lake Worth Rd	Lake Worth FL 33467
S	Maxine S. Kaufman	5702 Lake Worth Rd	Lake Worth FL 33467

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:

[Signature]

Milton Kaufman

Date

12/11/02

Daytime Phone #

561 947444

CR2001 (9/01)

12/13



THERAPY CENTER INC.

561-967-4441 5702 Lake Worth Road # 11, Lake Worth, Florida 33467 Fax: 561-967-4405

December 11, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please note that we were never in receipt of any reports to file with your department in 2002. Enclosed, you will find a check in the amount of \$150.00 as instructed per telephone conversation with a representative at (850) 245-6059. Please waive any late penalties that may be incurred. Completed forms were downloaded from the internet.

Thank you,

Milton Kaufman, O.T.R./L.