

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000108802

1. Corporation Name

GET IN TOUCH THERAPEUTICS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 PM 12:20

REINSTATEMENT 03



Principal Place of Business

5741 RIVERSIDE DR.  
#103  
CORAL SPRINGS FL 33067

Mailing Address

5741 RIVERSIDE DR.  
#103  
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

9266 W. Atlantic Blvd. #107  
Suite, Apt. #, etc.

Coral Springs, FL. 33067-5200  
City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1142 Milan Ave.  
Suite, Apt. #, etc.

Coral Gables, FL.  
City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/2001

5. FEI Number 03-0408396

APPLIED FOR

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
PSD	JAFFE, TREVOR	5741 RIVERSIDE DR., #103	CORAL SPRINGS FL 33067

900025129799  
12/01/03-01000-024-\*\*\*150.00

8. Name and Address of Current Registered Agent

JAFFE, TREVOR  
5741 RIVERSIDE DR.  
#103  
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/24/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/03

CR2040 (7/03)

**TREVOR JAFFE, LMT, CPT**

9266 West Atlantic Blvd.

Apt.# 1017

Coral Springs, Florida, 33071

Cell: (954)-732-2919

November 24, 2003

To Whom It May Concern:

I am submitting this letter with a brief explanation and a check for \$150.00 in order to reinstate my corporation, GET IN TOUCH THERAPEUTICS, INC. Document #PO1000108802.

I have not received this year's notice of the uniform business report (UBR). The address on record, is not correct, yet the address on the termination notice is. I will be changing the mailing address to my mother's permanent address as posted on the reapplication. I am disappointed that my former Accountant did not follow through and inform you of a change of address, along with initially misspelling my name, wrong business name, etc.

My corporation did not make any money this year, as my employer paid me a salary instead of paying me as a subcontractor. I am hoping to go independent soon.

Thank-you in advance for your immediate attention regarding this matter. If you require any further information please contact me at the above telephone number or at the mailing address I have provided on the application.

Sincerely,



Trevor Jaffe, LMT, CPT