

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000 922

1. Corporation Name

Therapeutic Consultants, Inc.

2. Principal Office Address

1301 Osprey way

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

3. Mailing Office Address

1301 Osprey way

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/02

5. FEI Number

80 0020447

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

JANICE HOLDER

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

1301 Osprey way

Suite, Apt. #, Etc.

City

Apopka, FL

State

FL

Zip Code

32712

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

JANICE HOLDER
REGISTERED AGENT MUST SIGN

Date 2/18/04

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	JANICE HOLDER	1301 Osprey way Apopka FL 32712	Apopka, FL 32712
	*There are no other officers / directors		

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03/12/04--01046--002 **150.00

REINSTATEMENT 03-04

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:

JANICE HOLDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04
Date

(405) 461-7258
Daytime Phone #

CR2001 (10/02)