

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1 24

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000004025

1. Corporation Name

THE TOUCH FACTOR... YOUR BASIC Need, P.A.

2. Principal Office Address

43 PINEWOOD CIRCLE

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

USA

3. Mailing Office Address

43 PINEWOOD CIRCLE

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

USA

REINSTATEMENT 03-24

7/3/03 90033 022 150.00

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

5. FEI Number

05-0553659

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

HEATHER E. MORTENSON

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

43 PINEWOOD CIRCLE

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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 4/26/04

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
DP	MORTENSON, HEATHER E	<u>43 PINEWOOD CIRCLE</u> 600038480296	<u>SAFETY HARBOR, FL</u> 34695

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)(f), 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 #

CH2ED01 (01/04)

ps 2 2 4

**LOUIS SCOURTAS & ASSOCIATES
ACCOUNTANTS
24761 U.S. HWY 19 N, SUITE 630
CLEARWATER, FLORIDA 33763**

**TEL: 727-443-0709
FAX: 727-449-9700**

April 28, 2004

Florida Department of State
Divisions of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

RE: The Touch Factor... Your Basic Need, PA
P02000004025

We are enclosing various papers along with copy of 2003 UBR Renewal Form previously submitted.

As per our client telephone conversations with your office we do strongly believe that this corporation should have been continued as our client was involved in a serious car accident during the time of renewing this corporation for year 2003.

Once she was able to file this renewal she did so.

Also, enclosed is her renewal for year 2004 and her check covering the fees.

Please mail confirmation to our client in having this corporation brought up to status.

We are thanking you in advanced for your cooperation.

Sincerely,

Louis C. Scourtas
Accountant

cc: Heather Mortenson

**LOUIS SCOURTAS & ASSOCIATES
ACCOUNTANTS
24761 U.S. HWY 19 N, SUITE 630
CLEARWATER, FLORIDA 33763**

**TEL: 727-443-0709
FAX: 727-449-9700**

June 15, 2004

Florida Department of State
Divisions of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

RE: The Touch Factor...Your Basic Need, PA
P02000004025

Our client has informed us that their check, copy enclosed, has not cleared her bank account. Also we have check via Internet and calling you that her corporation has not been activated.

We believe that you have not received our letter and attachments dated back on April 28, 2004.

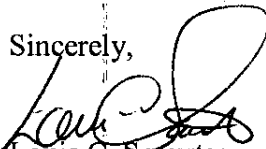
Enclosed is a copy of the April 28, 2004 letter and attachments.

We have advised our client to resign the 2004 renewal form and send you another check for the renewal, which is enclosed with this letter.

Please confirm that this restatement has been completed.

We are thanking you in advanced for your cooperation.

Sincerely,



Louis C. Scourtas
Accountant

cc: Heather Mortenson

Dear Sirs,

This is a letter of explanation. There was ~~supposed to have been~~ one sent to you in June of 2003 - but evidently it was never received by you.

First my address, corp. status and agent name was suppose to have been changed & updated in January of 2003. That I was not received by you.

Then when the fee was due I was in a terrible accident and hospitalized for a month. On top of that you still had my former address so I never received the documents. I got out of the hospital and got things together and mailed to you on June 30 (2003). You have received this check & have record

JUNE 1st 24 24
2003

Dear Lisa,

I was involved
in a very serious
accident the 1st of
May. I was in the
hospital for a month
and home incapacitated
for another month.
This is the reason
it is late. Please
accept & excuse me
from the late payment

Thank you!

Heather
Mortenson

HEATHER MORTENSON
THE TOUCH FACTOR...
YOUR BASIC NEED
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SAFETY HARBOR FL
34695