

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1057

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000042955**

1. Corporation Name

ST ARMANDS MASSAGE THERAPY INC.

Principal Place of Business

Mailing Address

310 JOHN RINGLING BLVD SUITE 3
SARASOTA FL 34236

310 JOHN RINGLING BLVD SUITE 3
SARASOTA FL 34236



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0668181

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	NACUA, JOSELITO B	310 JOHN RINGLING BLVD SUITE 3	SARASOTA FL 34236
			800023964088 10/21/03--01038--001 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NACUA, JOSELITO B
310 JOHN RINGLING BLVD SUITE 3
SARASOTA FL 34236

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

10-11-03

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
JOSELITO B. NACUA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-03

Date

(941) 388-5157

Daytime Phone #

CR2E040 (7/03)

2052

FLORIDA DEPT. OF STATE
DIVISION OF CORP.
ANNUAL REPORT/REINSTATEMENT
P.O. BOX 6327
TALAHASSEE, FL



OCT. 11, 2003

TO WHOM IT MAY CONCERN,

I AM SENDING THIS LETTER TO YOUR
GOOD OFFICE TO CONFIRM THAT I HAVE NOT
RECEIVED THE TWO PRIOR UNIFORM BUSINESS
REPORT NOTICES.

DUE TO THIS MATTER MY APPLICATION WAS
DELAYED AND WAS NOT FILED IMMEDIATELY. MY
SINCERE APOLOGY TO YOUR HUMBLE OFFICE.

I HOPE FOR YOUR KIND CONSIDERATION.

RESPECTFULLY YOURS,

A handwritten signature in cursive script, appearing to read "Jose Lito B. Nacua".

JOSELITO B. NACUA

DIRECTOR - ST. ARMANDS

MASSAGE THERAPY, INC.