

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069700

1. Corporation Name

PRO-THERAPEUTIC MASSAGE, INC.

Principal Place of Business

Mailing Address

1651 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207

1651 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

3. New Mailing Office Address, If Applicable

none

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2002

5. FEI Number

01-0722385

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
D	TULLIS, KIMBERLY KAY	1651 SAN MARCO BOULEVARD	JACKSONVILLE FL 32207

400024056174
10/23/03 01084-006 **150.00

8. Name and Address of Current Registered Agent

FORBES, JOHN R
8825 PERIMETER PARK BOULEVARD
SUITE 102
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

KIMBERLY TULLIS

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

1651 SAN MARCO BLVD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Kimberly K. Tullis
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Kimberly K. Tullis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

CR2E040 (7/03)

October 16, 2003

Florida Department of State
Glenda E. Hood, Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Re-instatement Packet


Gentlemen:

I am in receipt of your notice that you did not receive a Corporation Annual Report/Uniform business report for my business, PRO THERAPEUTIC MASSAGE, INC.

This is the first and ONLY notice that I have received on this matter. I have completed the form to REINSTATE, properly signed. In addition, a check for \$150.00 in also enclosed.

I appreciate your assistance in this matter and can assure you that if the forms are mailed to the following address, this will not be a problem in the future.

Sincerely,


Kim Tullis, LMT
Pro Therapeutic Massage, Inc.
1651 San Marco Boulevard
Jacksonville, Fl. 32207-3001
(904) 874-9343