

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -9 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000071151

1. Corporation Name

Integrative Therapies, Inc.

200066583612
02/24/06--01052--003 ***450.00

REINSTATEMENT 03-05
CR2E081 (8/05)

2. Principal Office Address

4340 SW 70th Terr

3. Mailing Office Address

4340 SW 70th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/02

5. FEI Number

20-0219263

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

Joseph Taususso

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

4340 SW 70th Terrace

Suite, Apt. #, Etc.

City

Davie, FL

State

FL

Zip Code

33314

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

11-21-05

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, D	Joseph Taususso	4340 SW 70th Terrace	Davie, FL 33314

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:

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

11-21-05

Date

934-472-9144

Daytime Phone #

* 03 report returned by PO. [Signature] 2/9



Helping Small Businesses Succeed Financially

2/2
Office Villas of Plantation
150 S. University Drive, Suite C
Plantation, FL 33324
(954) 472-9144
(954) 472-9142 Fax

Pembroke Pines Professional Centre
9050 Pines Blvd. #450
Pembroke Pines, FL 33024

E-mail: fransonph@earthlink.net
www.ledgerplus.com

November 21, 2005

Florida Department of State
Division of Corporation
Clifton Building
Attention: Tyronne Scott
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Mr. Tyronne Scott

Please accept this Reinstatement Form for Integrative Therapies, Inc. The owner of the business has not received the previous years UBR Forms. He would like to re-instate at this time. Please find enclosed a check for \$450 for the years 2003, 2004 and 2005. I will make sure he files timely in the future.

If I can provide any further information, please contact me at the address and or telephone numbers above.

Sincerely,

A handwritten signature in cursive script that reads "Paul Franson".

Paul, Franson, CPA