PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETII		łM.	
APPLIGATION (A)	Glenda E. Hood		FILED			
FOR ·····			04 FEB 19 AM 8: 38			
REINSTATEMENT	Secretary of St	i	04	LCD TO WH 8): 3 ₈	
Stroigh of Control Stroigh		ATIONS .				
DOCUMENT # P02000074438			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
JUDITH A. CURTS, LCSW, P.A.						
Principal Place of Business Mailing Address						
15310 AMBERLY DR STE 250-42 Tampa FL 33647	15310 AMBERLY DR STE 250-42 TAMPA FL 33647		DC SASO		A7 - N4	
			Pento	a Me En 1906m	EAS OVO	
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 Incorpo	orated or Qualified		
238 E. Davis Bird. 238 E. Davis		BIVd.	To Do Business in Florida 07/09/2002		07/09/2002	
Suite, Apt. #, etc. 世313	Suite, Apt. #, etc.	etc. 5. FEI Nun			Applied For	
City & State City & State					Not Applicable	
Tampa, FL.	Zip Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required	
Zip Country Zip Country CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of St						
7. Names and Street Addresses of Each Officer and/o	···-·		st 3 directors)			
		eet Address of Each icer and/or Director			y / State / Zip	
D CURTS, JUDITH A 16910 AMBER		DR STE 250-42	TAMPA FL 39847 33606			
238 E. Davis BI			٧٥.			
					·	
			02/05/	002577 9 040106602	20 **150.00	
			20		9952	
				030108702 		
			200025779952 - 02/24/0401018006 **150.00			
8 Name and Address of Current I	Registered Agent	1		Address of New Regist		
8. Name and Address of Current Registered Agent Name						
CURTS, JUDITH A Street Address			O Box Number	is Not Acceptable)		
15310 AMBERLY DR STE 250-42	238 E.		Bivd.			
TAMPA FL 33647	· سائنچ – نیف اعانه سینمشگان سیسی ر.	Suite, Apt. #, Etc.		- سي مست نب م ست		
		City	1		State Zip Code FL 33606	
10. I, being appointed the registered agent of the abo	ve named corporation, am familiar wi	Tampo ith and accept the ol		on 607.0505, F.S. or 61		
Anaproproproproproproproproproproproproprop						
Signature of Registered Agent Plate All Curts CSW PA. Date 1/8/03						
U RE	EGISTERED AGENT MUST SIGN			*		
11. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissourced by the corporation have been paid and the on this application is true and accurate, and my significant in the contract of the corporation.	olution has been eliminated, the corpo names of individuals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., that all fees	
1/1/3						
SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						