

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000078346

1. Corporation Name

ALL-N-ONE THERAPY, INC.

Principal Place of Business

Mailing Address

949 JENKS AVE
SUITE 14
PANAMA CITY FL 32401

928 S. KIMBREL AVE
PANAMA CITY FL 32404

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2002

5. FEI Number

16-1619870

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marvin Porter	928 S. Kimbrel Ave Panama City, FL 32404	Panama City, FL 32404
D	MAY J. Porter	928 S. Kimbrel Ave	Panama City, FL 32404

8. Name and Address of Current Registered Agent

PORTER, MARVIN
928 S. KIMBREL AVE
PANAMA CITY FL 32404

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

1/15/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

1/15/04

Daytime Phone #

(850) 960-0120

January 15, 2004

TO: The Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

SUBJECT: Waiver of Reinstatement Fees

Ref.: Document # P02000078346
All-N-One Therapy, Inc.

I would like to request that you wave my reinstatement fees for the referenced organization. If notices were sent to me in 2003 to renew, I have not seen them. I was on a temporary duty assignment seven (7) months in 2003, and recently returned Jan 12, 2004. I have looked for your requests for renewal, but have yet to find them. When I discovered the dissolution certificate, I was astonished.

I have enclosed \$300, as suggested by a member of your staff, this date.



Marvin Porter
Present/Owner