

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 AM 8:00

DOCUMENT # **P02000081543**

1. Corporation Name

THERAPY TOO, INC.

Principal Place of Business

Mailing Address

322 VALENCIA RD.
W. PALM BCH FL 33401

322 VALENCIA RD.
W. PALM BCH FL 33401

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

10/23/03-01003-001 **150.00

07/26/2002

5. FEI Number

☒ 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
PD	MARKS, DONNA	322 VALENCIA RD.	W. PALM BCH FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARKS, DONNA
322 VALENCIA RD.
W. PALM BCH FL 33401

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

Donna Marks

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

Donna Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 3214369360

CR2E040 (7/03)

**Therapy Too Inc., d/b/a/
Sprinkles of Palm Beach**

279 Royal Poinciana Way

Palm Beach, FL 3348

(561) 659-1140

October 15, 2003

State of Florida
Division of Corporations
P.O.B. 6327
Tallahassee, FL 32314-6327

Re: Renewal/reinstatement

Dear Sir/Madam,

I am concerned because I have not received my annual renewal form for the above-referenced corporation. Any paperwork that I receive from the State is forwarded to my accountant and neither of us have record of having received the report. The corporation will be one year old October 28th and I am enclosing the \$150.00 renewal fee. I pray this is in order.

Sincerely,


Donna Marks