

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 APR 28 PM 1:48

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000091125

1. Corporation Name

At Speech Therapy Professionals, Inc.

2. Principal Office Address

4001 Virginia Avenue

Suite, Apt. #, etc.

Suite A

City & State

Ft. Pierce, FL

Zip

34981

Country

USA

3. Mailing Office Address

4001 Virginia Avenue

Suite, Apt. #, etc.

Suite A

City & State

Ft. Pierce, FL

Zip

34981

Country

USA

**REINSTATEMENT**

04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

2002

5. FEI Number

22-3866557

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

Tishunda J. Tullis

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

1817 S. 26th St.

600074343216

05/10/06--01026--015 \*\*450.00

Suite, Apt. #, Etc.

City

Ft. Pierce, FL

State

FL

Zip Code

34947

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

Tishunda J. Tullis

REGISTERED AGENT MUST SIGN

Date 4-24-06

**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
Pres.	<u>Tishunda J. Tullis</u>	<u>1817 S. 26th St.</u>	<u>Ft. Pierce, FL 34947</u>
V. Pres.	<u>Cheryl M. Handy</u>	<u>3809 Southwest Dr.</u>	<u>Ft. Pierce, FL 34947</u>

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 contained in Chapter 119, 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:

Tishunda J. Tullis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

Date

772-462-6636

Daytime Phone #

B. Mitchell MAY 3 2006

2 of 2

*A+ Speech Therapy Professionals, Inc.*

4001 Virginia Ave  
Suite A  
Fort Pierce, FL 34981  
(772)462-6636  
(772)4626635 \_ Fax  
atherapy1@bellsouth.net

April 24, 2006

*To whom it may concern:*

*The purpose of this letter is to request the penalty for reinstatement be waived. The 2004 renewal application was not received by our company. We moved during the time that these papers were sent. We did register with the post office to have our mail forwarded. However, we did not receive the renewal forms. It is our desire to remain current. We will make every effort to do so in the future. Please find our application and fees ( per phone conversation with representative) enclosed. Please contact Tishunda J. Tullis, M.S., CCC-SLP ant (772) 462-6636 if further action is needed.*

*Thank you for your careful consideration*

*Sincerely,*

*T. J. Tullis M.S., CCC-SLP*

Tishunda J. Tullis, M.S., CCC-SLP  
Owner