

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

03 OCT 28 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DOCUMENT # P02000109271

1. Corporation Name

ACUPUNCTURE CENTER OF SARASOTA, INC.

Principal Place of Business

Mailing Address

6981 CURTISS AVE., SUITE 3
SARASOTA FL

6981 CURTISS AVE., SUITE 3
SARASOTA FL

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

10/09/2002

5. FEI Number

54-208-4599

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
PSTD	CARMICHAEL, LARISSA	6981 CURTISS AVE., SUITE 3	SARASOTA FL
VD	SWEENEY, THOMAS	6981 CURTISS AVE., SUITE 3	SARASOTA FL

8. Name and Address of Current Registered Agent

AHLQUIST, RICHARD D
2088 HAWTHORNE ST.
SARASOTA FL 34239

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARISSA CARMICHAEL (941) 724-5109

PSTD

Date 10-15-03 Daytime Phone #

CR2E040 (7/03)

Acupuncture Center of Sarasota, Inc.

6981 Curtiss Avenue, Suite 3, Sarasota, FL 34231 (941) 724-5109 • fax (941) 922-1051

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 15, 2003

To Whom It May Concern:

Please see attached the completed Application for the Reinstatement for Acupuncture of Sarasota, Inc., and the corresponding check for \$150.00. The Document number on the application is Document # P02000109271.

The corporation did not receive the two prior uniform business reports (UBR). The correct address for mailings to be received is Acupuncture Center of Sarasota, 6981 Curtiss Ave., Suite # 3, Sarasota, FL 34231. This acupuncture practice is located within the same suite as two other businesses. There was another person in this suite that is no longer here as of August, 2003. I do not know where the error lies with the corporation not receiving the prior UBR notices. A thorough procedure for the proper receipt of mail has been reviewed and is currently in place in this suite.

I am requesting, per instruction on the Application for Reinstatement form, that the reinstatement fee be waived for the above reason. If this is not possible, or if any other action is required on behalf of the corporation, please contact me, Larissa Carmichael, President, in any of the following ways: by phone at (941) 724-5109, by fax at (941) 922-1051, or by mail at Acupuncture Center of Sarasota, Inc., Attn: Larissa Carmichael, 6981 Curtiss Ave., Suite #3, Sarasota, FL 34231.

Thank you.

Sincerely,



Larissa Carmichael;
President,
Acupuncture Physician