

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 21773

1. Corporation Name

Loving Hands
A womans Wellness Center Inc

2. Principal Office Address

419 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33020

Country

USA

Zip

Country

REINSTATEMENT

04-06 PSC

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/21/03

5. FEI Number

61-1444842

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

Adriana Algieri

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

419 N. Federal Highway

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

Date

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
D	Adriana Algieri	419 N. Federal Hwy	Hollywood FL 33020

400075973364
06/06/06--01015--010 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/19/06 (954) 921-4161

Date

Daytime Phone #



292
8569 Pines Blvd. Suite 212
Pembroke Pines, FL 33024
Tel: 954-441-1404
Fax: 954-449-0221
info@ourtaxteam.com

May 17, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Loving Hands A Womans Wellness Center, Inc
P03000021773

Dear Sir or Madam:

Our office has recently been retained to assist Loving Hands A Womans Wellness Center, Inc. with their tax and accounting needs.

In reviewing their file, we have found that this corporation was administratively dissolved in September 2004 for non-filing and payment for their annual report to your department.

Because our client was not aware at that time that she needed to renew the corporation annually with the State of Florida, she is unaware of receiving any notices from your department. It was not until she was applying for certain licenses and privileges that she discovered that this corporation was administratively dissolved.

At this time, she has enclosed payment for \$450.00 for 2004, 2005, and 2006. We would greatly appreciate your abating the late filing penalties on behalf of Loving Hands A Womans Wellness Center, Inc.

Thank you for your prompt assistance in this regard.

Sincerely,

Debra A. Heyer, EA
Enrolled Agent

Debra A. Heyer, EA
Enrolled Agent

Steven R. Danielson, EA
Enrolled Agent, Certified QuickBooks® ProAdvisor

Enrolled Agents are federally authorized tax practitioners admitted to practice before the Internal Revenue Service. Our professional are members in good standing o the National Association of Enrolled Agents and the Florida Society of Enrolled Agents.