

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -9 11:56

DOCUMENT # P03000029536

1. Corporation Name

BODY & THERAPY CARE, INC.

2. Principal Office Address - No P.O. Box #

704 PALM AVENUE

3. Mailing Office Address

704 PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

REINSTATEMENT 06-ID

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida **3/11/03**

5. FEI Number
030511015

☐ 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

JULIO C. DOGER ESPINOSA

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

704 PALM AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

700183133077
07/09/10--01035--012 **1350.00

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

Date **7/2/10**

REGISTERED AGENT MUST SIGN

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
PD	JULIO C. DOGER ESPINOSA	704 PALM AVENUE	HIALEAH, FL 33010

10. E-mail Address: **JEANETTE@PROSPERITYTRUSTUS.COM**

(To be used for future annual report notification)

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. I further certify, 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:

7/2/10

305-822-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #