

Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 31 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000040435**

1. Corporation Name

SOFT TISSUE THERAPIES INC

2. Principal Office Address

13 PINETREE DRIVE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL.

Zip

32561

Country

U.S.A.

3. Mailing Office Address

13 PINETREE DRIVE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL.

Zip

32561

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-2003

5. FEI Number

71-0947022

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

JIM PSCHANDL

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

13 PINETREE DR.

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32561

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

[Signature]

Date **3-6-06**

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
PRES.	JIM PSCHANDL	13 PINETREE DR.	GULF BREEZE, FL. 32561

400070456084
04/14/06--01041--004 **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]

JIM PSCHANDL

3-6-06

Date

(850) 393-7112
(850) 470-9263

Daytime Phone #

pg 2 of 2

3-6-06

To Whom It May Concern,

Did not receive REINSTATEMENT notice.
Understood from website that NEW fee would
be \$150.00 with Application.

Thank you

Respectfully,

