

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 19 PM 1:53
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000124320**

1. Corporation Name
BODYWORK BY PAM, INC

100095149431
03/28/07--01021--022 **300.00

REINSTATEMENT 06-07

2. Principal Office Address
3893 DARSTON STREET

3. Mailing Office Address
SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM HARBOR

City & State
SAME AS #2

Zip Country
34685 USA

Zip Country
#2

4. Date Incorporated or Qualified
To Do Business in Florida **10-27-03**

5. FEI Number
20-0399488

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
PAMELLA A JAMISON

Street Address (P.O. Box Number is Not Acceptable)
3893 DARSTON STREET

Suite, Apt. #, Etc.

City
PALM HARBOR

State Zip Code
FL 34685

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 *Pamella A Jamison*
REGISTERED AGENT MUST SIGN

Date **MARCH 12, 2007**

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
P,T,D	PAMELLA A JAMISON	3893 DARSTON STREET	PALM HARBOR, FL 34685
S,VP,D	THOMAS J JAMISON	3893 DARSTON STREET	PALM HARBOR, FL 34685

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 under section 119.07(3)(l), 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 *Pamella A Jamison* **PAMELLA A JAMISON, PRI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-12-07**

Daytime Phone #

CR2E081 (01/05)

March 12, 2007

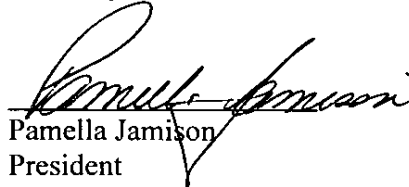
Re: Bodywork By Pam, Inc.
Reinstatement

To Whom it May Concern,

Enclosed please find my reinstatement form as well as a check for \$300.00 to bring my corporation up to date thru 2007. I had not ever received a renewal and I believe it may be due to an incorrect address. My new address can be found on the reinstatement paperwork.

Thank you for your time in this matter.

Sincerely,



Pamella Jamison
President