

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 23 AM 11:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO4000016262*

1. Corporation Name

*Living Well Psychotherapy
Associates, Inc.*

REINSTATEMENT 05-06
CR2E081 (12/05)

2. Principal Office Address

7800 113th Street N.

3. Mailing Office Address

7800 113th Street N.

Suite, Apt. #, etc.

Suite #203

Suite, Apt. #, etc.

Suite #203

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

United States

Zip

33772

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

1-27-2004

5. FEI Number

34-1995549

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

Gill Fischer Peters

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

7800 113th Street N.

Suite, Apt. #, Etc.

Suite #203

City

Seminole

State

FL

Zip Code

33772

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

Gill Fischer Peters
REGISTERED AGENT MUST SIGN

Date

3/11/2006

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
<i>President</i>	<i>Gill Fischer Peters</i>	<i>7800 113th Street N.</i>	<i>Seminole, FL 33772</i>

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3/3/29

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:

Gill Fischer Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06
Date

(727) 391-9800
Daytime Phone #