

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -3 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000063776

1. Corporation Name

Custom Massage Care Inc.

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

3200 N Federal Highway

Suite, Apt. #, etc.

228

City & State

Boca Raton

Zip

33431

Country

USA

3. Mailing Office Address

423 Buttonwood Place

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33431

Country

USA

100207093241
05/03/11--01037--015 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 07/02/2008

5. FEI Number

26-2917715

☐ 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

Michael Holloway

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

423 Buttonwood Place

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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 04/27/2011

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	Michael L. Holloway	423 Buttonwood Place	Boca Raton, FL 33431

REINSTATEMENT

B 5/4/11
10-11

10. E-mail Address: customassagecare@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2011

Date

561-251-0970

Daytime Phone #