

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300000740

1. Corporation Name

CENTER FOR STRESS MANAGEMENT AND
RELAXATION TRAINING, INC.

2. Principal Office Address

2793 Hampton Circle S.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

2793 Hampton Circle S.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1983

5. FEI Number

65-0457879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300004853553--5

-02/01/02--01053--024

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

Rada Strauss

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

2793 Hampton Circle South

Suite, Apt. #, Etc.

Delray Beach, FL

City

State

FL

Zip Code

33445

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****150.00 ****150.00

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

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
P/T	RADA STRAUSS	2793 Hampton Circle S.	Delray Beach, FL 33445
V/S	Michael Strauss	2793 Hampton Circle S.	Delray Beach, FL 33445

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)(i), 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:

Rada Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/01

Date

561-445-5331

Daytime Phone #

CR2E081 (9/01)