

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 AM 11:54

DOCUMENT # *P94000032521*

1. Corporation Name

TALLAHASSEE MASSAGE THERAPY, INC.

200023558552
10/06/03--01002--013 **1808.75

REINSTATEMENT 02-03

2. Principal Office Address

224 LAFAYETTE CIRCLE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

4-9-94

5. FEI Number

59-3244716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRETT A. PACE

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

224 LAFAYETTE CIRCLE, TALL. FL, 32303

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Brett A. Pace

Date *9/24/03*

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
<i>CEO</i>	<i>BRETT A. PACE</i>	<i>224 LAFAYETTE CIRCLE</i>	<i>TALL. FL. 32303</i>

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:

Brett A. Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/03

Date

681-2122

Daytime Phone #

CR2E081 (10/02)