PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		ecretar	TMENT OF y of State	Ž		4 AU	FILED IG 18 PM	-	
DOCUMENT # P9500009054 Recovering Touch Clinic						S TA	ECRET ALLAP	TANG SANG SANG SANG SANG SANG SANG SANG S	TATE 07/07	
2. Principal Office Address 84 N.E. 5 ^{ts} Ave. 84 N.E. 5 ^{ts} Avr.										
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			etc.			4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For				
Zip Country Zip 3348				Country	4-	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
Name Tulie Serry Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City Delray Beach								zip Code 3348	9.5	
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 REGISTERED AGENT MUST SIGN									CEDEDRA INTINA	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le							- I			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
ρ	Julie Berry			84 N.E. 5th Avr.			Del	ray Be	Ach, R	33 483
:						08718	100 704	4030 0106000	1165	3. 75
		,	RIP	的证据	T O	2-04				
this rei owed t	y that I am an officer or director or the recinstatement application, the reason for divided by the corporation have been paid and the application is true and accurate, and my	e names of individual signature shall ha	n eliminate luals listed ave the la	ed, the corporate d on this form do me legal effect	e name satisfie o not qualify for as if made und	es the requirements ran exemption und ler oath.	s of section ler section	n 607.0401 or 61:	7,0401, F.S., tha , The information	t all tees in indicated

RECOVERING TOUCH CLINIC, INC.

(Your Massage Therapy Specialists)

84 N.E. 5TH AVENUE, FOUNTAIN SQUARE BUILDING DELRAY BEACH, FLORIDA 33483-5427 561-274-6650, 561-274-8830 fax

Monday, August 16, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

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Enclosed please find a completed Corporation Reinstatement form and a check in the amount of \$750.00. I was told that the reason I have not been receiving my notices could be because there is a different address on file. I am requesting being reinstated without any late fee, as I have not been getting any notifications and assumed my accountant was handling this.

Please, also, correct any mistakes on my address: Recovering Touch Clinic, 84 N.E. 5th Ave., Delray Beach, FL 33483.

Thank you,

Julie Berry Julie