

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moorman
Secretary of State

Division of Corporations

FILED

96 DEC 23 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000014975**

1. Corporation Name

INDEPENDENCE WITH THERAPY AND DESIGN, INC.

Principal Place of Business

113 N. FEDERAL HWY.
DANIA FL 33004

Mailing Address

113 N. FEDERAL HWY.
DANIA FL 33004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1995

5. FEI Number

65-0561829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	FIELDS, LISA	1931 N.E. 28TH CT.	LIGHTHOUSE POINT FL 33064
D	FIELDS, LISA	1931 N.E. 28TH CT.	LIGHTHOUSE POINT FL 33064
D	ADAMS, GERALD J.	113 NORTH FEDERAL HIGHWAY	DANIA, FL. 33004

9000002040489--4
-12/30/96--01008--021
****225.00 ****225.00

JB12-23-96

8. Name and Address of Current Registered Agent

ADAMS, GERALD J
113 N. FEDERAL HWY.
DANIA FL 33004

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- GERALD J. ADAMS - DIRECTOR

11/30/96

Date

(954) 929-5162

Daytime Phone #

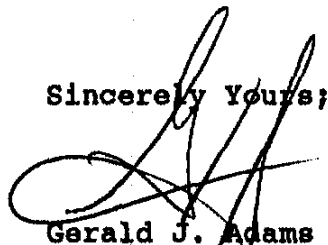
RE: INDEPENDENCE WITH THERAPY AND DESIGN, INC.
DOCUMENT #: P95000014975

DECEMBER 17, 1996

TO SECRETARY OF STATE:

Please reinstate our corporation as per reinstatement form. We never received our annual report, and as per our phone conversation with your staff, we would not be responsible for the \$ 175.00 reinstatement fee. However, we would be responsible for the \$ 25.00 late fee. Enclosed please find our check for \$ 225.00 and the reinstatement form. Thank you for your consideration of this matter and if you have any questions pertaining to our reinstatement, please contact us at (954) 929-5162.

Sincerely Yours;



Gerald J. Adams
Director
Registered Agent