	RPORATION STATEMEN	2 10 12 2 Land	FLORIDA DE Kat Sec		Harris	STATE 32	avisi	ON OF CO	PM 1:32	9 F4 E	
1. Corporat	tion Name	P95000 for Ratio			TAC						
2. Principal Office Address			3. Mailing Office Address								
3910 W. Alva St.			3910 W. Alva 54.								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 127 95				
City & State Tampa FL			City & State Tampa FL				5. FEI Number Applied For Not Applicable				
<sup>Zip</sup> 336	Col	untry NSP	<sup>Zip</sup> 33614		Country	+	<u> </u>	E OF STATUS			I Fee required
	- 1 -			and A	ddress of Curre	ent Registere	ed Agent				
	Name Robert W. Whitford										
	Street Address (P.O. Box Number is Not Acceptable)										1
	Suite, Apt. #, Etc.										1
	City			Zip Code 33618	 3	-					
8. I, being a	appointed the regis	stered agent of the abov	ve named corporatio	n, am fa	amiliar with and	accept the ob	oligations of sect				
Signature of Registered A		<u> </u>	Date <b>Q</b>	1/29/	01						
9. Names a	and Street Addres	ses of Each Officer and	/or Director (Florida	nonprof	fit corporations n	nust list at lea	ast 3 directors)	•			
Titles	Off	Name of ficers and/or Directors	Street Address of Each Officer and/or Director								
ρ	Vince	nt E. Par	(D) 3	3910	A.WC	dyA S	5 <del>+</del> .	1	2mpa	/FL	33614
S/T	Rober	t W. whit	rford(D)	<u> 3</u> 9	310 W.	ALVA	St.	Tamp	AFL	1336	,14
M	Oevic	L. Thom	as(0)	391	10W. (	AVIE	SH.	Tamp	20 FL	_\334	ه ال
40 Learify	that I am an officer	and director or the receip	aver or trustee empoye	wared to	execute this an	plication as n		**	73 <b>576</b> /13/01 **300.00	* <b>K</b> É	00.00-
		r or director or the receivi ion, the reason for disso									

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Center For Rational Living



Main Office 3910 W. Alva Street Tampa, Florida 33614 (813) 872-8022 Fax (813) 872-1530

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

RE: Reinstatement

To Whom It May Concern:

I am sending the Corporation Reinstatement form with a check in the amount of \$300.00 for last year and this year. I did not receive the Annual Report last year and after inquiring at your office, I was told that it was returned to you. Apparently an old address was still in our file and subsequently we never received the annual report. Your office suggested that I pay \$150.00 for last year and \$150.00 for this year. If this is not the case, please contact me as quick as possible so I can rectify the situation. Our corporate status is extremely important to us and I want to make sure we are doing things accordingly. Thank you in advance for your consideration.

Sincerely,

Dayld Thomas, Ph.D., LMHC

DLT:dlt