

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 95000053029  
1 Corporation Name  
MCCORMICK CENTER FOR HOLISTIC THERAPIES, INC

Principal Place of Business Mailing Address  
785 JUNIPER PLACE  
WEST PALM BEACH, FL 33414

**REINSTATEMENT** *96*

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>7/7/95</u>	
5. FEI Number <u>65-0621075</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
<u>Pres.</u>	<u>LOUISE McCORMICK</u>	<u>785 JUNIPER PL</u>	<u>WEST PALM BEACH, FL 33414</u>

~~300002046819-3~~  
-01/03/97--01178--021  
\*\*\*\*375.00 \*\*\*\*375.00

*JB 12-31-96*

8. Name and Address of Current Registered Agent <u>LOUISE McCORMICK</u> <u>785 JUNIPER PLACE</u> <u>WEST PALM BEACH, FL 33414</u>		9. Name and Address of New Registered Agent Name <u>-</u> Street Address (P.O. Box Number is Not Acceptable) <u>-</u> Suite, Apt. #, Etc. <u>-</u> City <u>-</u> State <u>FL</u> Zip Code <u>-</u>	
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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 *Louise McCormick* REGISTERED AGENT MUST SIGN Date 12/28/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Louise McCormick* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 541-791-2572 Daytime Phone #

CR2E040 (12/95)