

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 NOV - 1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000074725**

1. Corporation Name

AROMATHERAPY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

6701 SUNSET DRIVE #100
MIAMI FL 33143

6701 SUNSET DRIVE #100
MIAMI FL 33143



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

REINSTATEMENT *910*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0613255

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GALAMAGA, KRISTEN M	6701 SUNSET DRIVE #100	MIAMI FL 33143
D	GALAMAGA, CRAIG A	6701 SUNSET DRIVE #100	MIAMI FL 33143

900001997399--0
-11/06/96--01026--011
***375.00 ***375.00

JB116911

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLINGS, INC.
3732 S.W. 16TH STREET
FORT LAUDERDALE FL 33311

Name *Robert J. Williams*
Street Address (P.O. Box Number is Not Acceptable)
6701 Sunset Drive, Suite 100
Suite, Apt. #, Etc.
City *Miami* State *FL* Zip Code *33143*

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10/16/96*

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 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)(b), 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 REQUIRED
Craig A. Galamaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/96
Date

305-662-1565
Daytime Phone