

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
H. James Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

DOCUMENT # P96000001499

1. Corporation Name

A HEALING TOUCH THERAPEUTIC MASSAGE, INC.

Principal Place of Business

Mailing Address

27725 OLD 41 ROAD, SUITE 100
BONITA SPRINGS FL 34135
US

27725 OLD 41 ROAD, SUITE 100
BONITA SPRINGS FL 34135



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

2. New Principal Office Address, If Applicable

27725 OLD 41 RD
Suite, Apt. #, etc. #101

3. New Mailing Office Address, If Applicable

27725 OLD 41 RD
Suite, Apt. #, etc. #101

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1996

5. FEI Number

65-0633782

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	THOMAS, TAMARA M	27723 OLD 41 ROAD SUITE 100	BONITA SPRINGS FL
			300004741593--7
			-12/27/01--01057--004
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS, TAMARA M
27725 OLD 41 ROAD, SUITE 100 / 01
BONITA SPRINGS FL 34135

Name THOMAS TAMARA
Street Address (P.O. Box Number is Not Acceptable)
27725 OLD 41 RD #101
Suite, Apt. #, Etc. #101
City Bonita Springs State FL Zip Code 34135

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 Tamara Thomas SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-10-01 AD

11. 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: Tamara Thomas SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-10-01 Daytime Phone # 941-498-9885