

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P96000007371**

1. Corporation Name

**ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.**

Principal Place of Business

Mailing Address

**1110 Pinellas Bayway  
#210  
Tierra Verde, FL 33715**

**1110 Pinellas Bayway  
#210  
Tierra Verde, FL 33715**

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 1997-1999**

4. Date Incorporated or Qualified To Do Business in Florida

**1/23/96**

5. FEI Number

**59-3354912**

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
PSD	Deborah A. Forbes	7313 Second Avenue North	St. Petersburg, FL 33710

2000002777072--4  
-02/16/99--01067--006  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

**Deborah A. Forbes  
7313 Second Avenue North  
St. Petersburg, FL 33710**

9. Name and Address of New Registered Agent

Name  
**John Morgan Brunson, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1474 Jordan Hills Court**  
Suite, Apt. #, Etc.

City  
**Clearwater**

State  
**FL**

Zip Code  
**33756**

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

*John Morgan Brunson*  
REGISTERED AGENT MUST SIGN

Date **1/24/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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

**1/24/99**  
Date

**(427)  
864-6688**  
Daytime Phone #

CR2E08 (12/98)

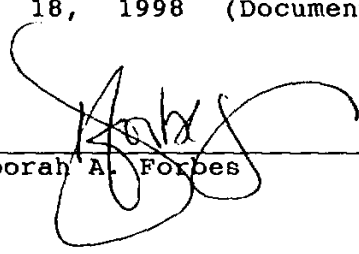
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AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF PINELLAS


BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared Deborah A. Forbes, who, having been by me first duly and lawfully sworn upon oath deposes and states:

1. I have no intention of revoking the Articles of Dissolution for Island Massage Therapy & Wellness Center, Inc., which was incorporated December 18, 1998 (Document Number P98000105758).

  
\_\_\_\_\_  
Deborah A. Forbes

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 24th day of January, 1999 by Deborah A. Forbes \_\_\_\_\_ who is personally known to me or \_\_\_\_\_ who produced a FL drivers' license as identification and who did/did not take an oath.

  
\_\_\_\_\_  
Notary Public  
My Commission Expires:



Linda Wint  
MY COMMISSION # CC792014 EXPIRES  
November 21, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.