

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 20 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000008088**

1. Corporation Name

T. Nichols Massage Therapy, INC.

2. Principal Office Address

14955 Gulf Blvd.

Suite, Apt. #, etc.

SUITE #9

City & State

Madeira Bch. FL.

Zip

33708

Country

us

3. Mailing Office Address

14500 N. Bayshore DR.

Suite, Apt. #, etc.

City & State

Madeira Bch. FL.

Zip

33708

Country

us.

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/96

5. FEI Number

593356052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-65

7. Name and Address of Current Registered Agent

Name

Todd P. Nichols

Street Address (P.O. Box Number is Not Acceptable)

14500 N. Bayshore DR.

Suite, Apt. #, Etc.

City

Madeira Bch.

State

FL

Zip Code

33708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Todd P. Nichols

REGISTERED AGENT MUST SIGN

Date **5/18/05**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Todd P. Nichols	14500 N. Bayshore DR.	Madeira Bch. FL. 33708

900054921799
05/20/05 01056 005 **450.00

5/18/05

10. 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:

Todd P. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/05

Date

391-8500

Daytime Phone #

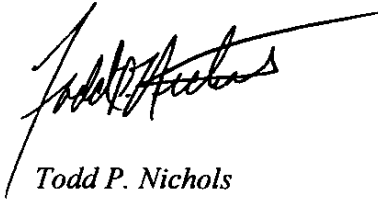
CR2E081 (01/05)

Todd Nichols

*14500N. Bayshore Drive
Madeira Beach, FL 33708
(727) 397-8522*

Please excuse my oversight in not filing the proper paperwork. Due to change of address and agent I did not receive or was not aware of the notices for filing.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd P. Nichols", with a long horizontal flourish extending to the right.

Todd P. Nichols