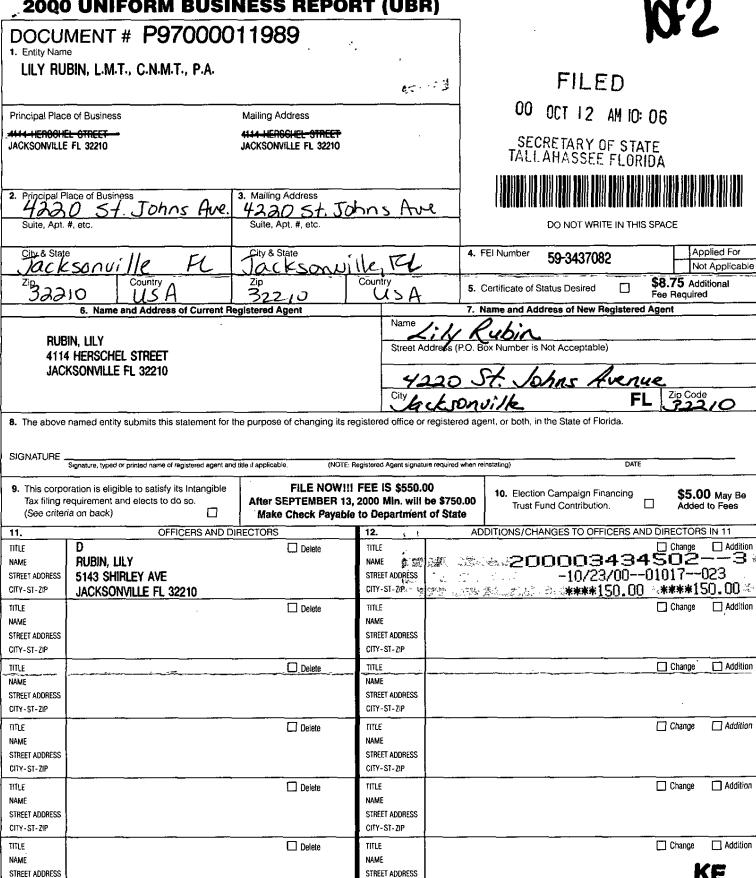
2000 UNIFORM BUSINESS REPORT (UBR)



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Lily Rubin; LMT, CNMT

October 10,2000

Dear Division of Corporations.

I am a licensed massage therapist who has incorporated myself under my name of Lily Rubin; LMT. CMMT, PA. I was working as an independent contractor with a chirogractor for 4 & years until I grened my own clinic last actober 1999. Even though I left on very good terms from the chirogractors office gorwarding my mail has not been a priority for them. I was given the enclosed past due notice the other day and at this point my corporation has been effectively dissolved. Considering these circumstances and my good gaith intent to maintain my corporate states, I am hoping you can show leniency in reviewing my plea to reinstate me. Please inform me with any guture correspondence to my business address enclosed with my check of 150. Thank you for all your consideration in-this matter.

Most sincerely,