

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSPROVE
AND
FILED

03 SEP 12 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085350

1. Corporation Name

Therapy Solutions, Inc.

REINSTATEMENT 01-03

200023049452

09/15/03--01052--004 **1050.00

2. Principal Office Address

5458 Town Center Rd

3. Mailing Office Address

15953 Double Eagle Trail

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Delray Beach, FL

Zip

33486

Country

Palm Beach

Zip

33446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/97

5. FEI Number

65-0784279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

Dawn R. Schwartz

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

15953 Double Eagle Trail

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code

33446-9553

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

Dawn R. Schwartz

REGISTERED AGENT MUST SIGN

Date 9/11/03

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 |
|--------|--------------------------------------|---|-----------------------------|
| P | Dawn R. Schwartz | 15953 Double Eagle Trail | Delray Beach, FL 33446-9553 |
| V | Dawn R. Schwartz | 15953 Double Eagle Trail | Delray Beach FL 33446-9553 |
| S | Dawn R. Schwartz | 15953 Double Eagle Trail | Delray Beach, FL 33446-9553 |
| T | Dawn R. Schwartz | 15953 Double Eagle Trail | Delray Beach FL 33446-9553 |
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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)(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:

Dawn R. Schwartz Dawn R. Schwartz

9/11/03

561-703-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRS001 (10/02)