

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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DOCUMENT # P98000099406

1. Corporation Name

THERAPIST UNIVERSITY, INC.

00 NOV 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7 WEMBLEY PLACE 2801 WAKONDA DR
PALM COAST FL 32164
FT. COLLINS, CO 80521

7 WEMBLEY PLACE
PALM COAST FL 32164



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3545282

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

80521

USA

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	4 City / State / Zip
DR	WILLIAMS, T. PATRICK	7 WEMBLEY PLACE 2801 WAKONDA DR	PALM COAST FL 32164 FT. COLLINS, CO 80521
			000003493140--2 -12/11/00--01030--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, T. PATRICK
7 WEMBLEY PLACE
PALM COAST FL 32164

JAN CESTARE

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Palm Coast

FL

32137

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-13-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/01

Date

970 224 8830

Daytime Phone #

Therapist
University™

Patrick Williams, Ed. D., President
Master Certified Coach

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11/4/05

Dear Division of Corporations

I spoke with Tyrone today who told
me to send in the attached form with
\$150. I never received any notice about
the forms I had not sent. My business
address is now 2801 WAKONDA Dr.
Fort Collins, Co 80521

Please reinstate my Corporation and
let me know what else you need!

Patrick Williams

970 224-9830

Phone: 970.377.2963

Email: Doccoach@TherapistU.com

4209 Trailview Lane
Ft. Collins, CO 80526

Fax: 970.377.2964

Web: www.TherapistU.com