

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 11 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-99000084877*

1. Corporation Name

Hardy Healing, Inc

2. Principal Office Address

2590 Mayfair lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Zip

Country

33327

USA

Zip

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1999

5. FEI Number

651 0135 35

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Tracy Thomas

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

2590 Mayfair lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

Tracy Thomas

REGISTERED AGENT MUST SIGN

Date

10/6/02

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
<i>-Pres/ Owner</i>	<i>Tracy Thomas</i>	<i>2590 Mayfair lane</i>	<i>Weston, FL 33327</i>

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:

Tracy Thomas Tracy Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/02

Date

954 384 4080

Daytime Phone #

CR2E081 (8/01)

10/11/02

Dear Sir or Madam,

I respectfully request reinstatement of my corporation which was dissolved Sept. 21, 2001. I am not at the address you have listed & apparently my mail was not forwarded to me. My old address you have on file is 3320 Paddock Road
My new address is 2590 Mayfair Lane, Weston Fl. 33327 Please adjust this in your records for future correspondence. The reinstatement fee as told to me by a member of your office is enclosed herewith. I recognize that the fee would normally be much higher for a lapsed corporation but as I did not receive your correspondence I would hope you will accept my payment considering the circumstances. Also, now that I am aware that this needs to be paid periodically I will endeavor to anticipate this process. This is the 1st corporation I have ever owned and I am learning the ropes & expectations as I go. Had I been more familiar with the system & known how it worked I would have contacted you to renew.

Thank you very much,

Tracy Thomas
2590 Mayfair Lane
Weston Fl. 33327