


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 13 PM 3:20 400066214744 02/20/06--01073--021 **1358.75 REINSTATEMENT 02-06 CR2E081 (12/05)	
DOCUMENT # P99000094342				
1. Corporation Name AAA Acupressure Therapeutic Massage, Inc				
2. Principal Office Address 2900-145th N. #34 Suite, Apt. #, etc. #34 City & State Naples FL Zip 34103 Country Collier		3. Mailing Office Address 2900-145th N. #34 Suite, Apt. #, etc. #34 City & State Naples FL Zip 34103 Country Collier		
		4. Date Incorporated or Qualified To Do Business in Florida 10/25/99		
		5. FEI Number 59-3604284		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Elizabeth T. Black				
Street Address (P.O. Box Number is Not Acceptable) 10674 Woods Circle				
Suite, Apt. #, Etc. Bonita				
City Bonita Springs			State FL	Zip Code 34135
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 Elizabeth T. Black Date 2-7-06 REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
President	Elizabeth T. Black	10674 Woods Circle	Bonita Springs FL 34135	
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 contained in Chapter 119, 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: Elizabeth T. Black		2-7-06 239-434-9933		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

2114
aw