

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P99000097733

1. Corporation Name

WILKINS MASSAGE THERAPY CENTER, INC.

Principal Place of Business

Mailing Address

918 S. POWERLINE ROAD  
POMPANO BEACH FL 33069

918 S. POWERLINE ROAD  
POMPANO BEACH FL 33069



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

11/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0982530

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P/S	WILKINS, Z T	918 S. POWERLINE ROAD	POMPANO BEACH FL 33069

900003471869-3  
-11/21/00--01025--007  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

WILKINS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

Z.T. WILKINS

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

918 S. POWERLINE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

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

*Z.T. WILKINS*  
REGISTERED AGENT MUST SIGN

Date 10/25/00

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:

*Z.T. WILKINS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00  
Date

954-984-1503  
Daytime Phone #

CR2E040 (8/00)

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WILKINS MASSAGE THERAPY CENTER, INC.  
918 S POWERLINE ROAD  
POMPANO BEACH, FL 33069

OCTOBER 25, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

Gentlemen,

Enclosed is our 2000 uniform business report for our corporation Wilkins Massage Therapy Center, Inc. Our document # is P99000097733.

When reviewing our corporate status on your web site, we noticed that our corporation was Administratively Dissolved for not filing our annual report.

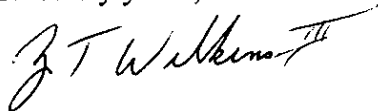
As we had an outside service prepare our articles of incorporation, we were unaware of any annual fees due the State of Florida. We did not start any business activities until June 2000, thus the corporation was inactive until such time. We did not receive any mail or correspondence from the State of Florida during that time. As this was our first year in business, we were unaware of what forms and fees needed to be paid.

Under the extenuating circumstances we are asking the department to accept our enclosed 2000 uniform business report as timely filed, with a filing fee of \$150.00 as originally charged. We have enclosed both the application for reinstatement and the 2000 uniform business report. We were not instructed as to which form to send, thus we prepared both. Also enclosed is a payment of \$150.00 for the original fees to be charged.

Thank you for your understanding concerning the issue at hand.

If you have any questions, we can be reached at 954-984-1503.

Sincerely yours,



ZT Wilkins, President  
Wilkins Massage Therapy Center, Inc.