

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000110784

1. Corporation Name

MASSAGE THERAPY BY RINA RICHARD, INC.

FILED  
07 APR 13 AM 7:27

CLERK OF STATE  
TALLAHASSEE, FLORIDA

200099249012  
04/30/07--01001--025 \*\*\$600.00

**REINSTATEMENT** 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
336 N BIRCH ROAD

3. Mailing Office Address  
336 N BIRCH ROAD

Suite, Apt. #, etc.  
APT 6B

Suite, Apt. #, etc.  
APT 6B

City & State  
FORT LAUDERDALE, FL

City & State  
FORT LAUDERDALE, FL

Zip  
33304

Country  
BROWARD

Zip  
33304

Country  
BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida 12/27/1999

5. FEI Number  
65-0970872

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  
RINA RICHARD

Street Address (P.O. Box Number is Not Acceptable)  
336 N BIRCH ROAD

Suite, Apt. #, Etc.  
APT 6B

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Rina Richard*

Date

4/10/07

REGISTERED AGENT MUST SIGN

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
PD	RINA RICHARD	336 N BIRCH ROAD	FORT LAUDERDALE, FL 33304

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

954 767 9603

204/18