

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15337

1. Corporation Name

Myotherapy - Message Group of
Palm Beach, INC.

2. Principal Office Address

10396 Peachtree Cir

Suite, Apt. #, etc.

City & State

P.B.G., Florida

Zip

33418

Country

P.B.

3. Mailing Office Address

P.O. Box 220833

Suite, Apt. #, etc.

City & State

W.P.B., Florida

Zip

33422

Country

P.B.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0313129

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

Jonathan Papendick

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

10396 Peachtree Cir

Suite, Apt. #, Etc.

City

PBG

State

FL

Zip Code

33418

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/9/03

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
P	Jonathan Papendick	10396 Peachtree Cir PBG FL 33418	PBG, FL 33418

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Papendick

Date

12/9/03

Daytime Phone #

561-630-0410

10f2

03

CR2E081 (10/02)

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202

***Myotherapy-Massage Group of Palm Beach, Inc.
Jonathan C. Papendick-Trigger Point Myotherapist
10396 Peachtree Circle - Palm Beach Gardens, FL. 33410
(561) 630-0410 - Fax (561) 630-0699 FL., LIC # MA0008727***

December 9, 2003

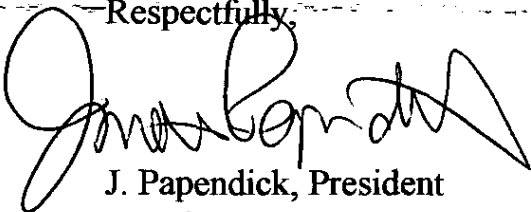
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

This letter is to inform the Department of State, Division of Corporation, that The Myotherapy-Massage Group **Document # V15337; FEI Number: 65-0313129** that a **Notice of Corporation Annual Report** was never received as of this date. Therefore, I have enclosed the appropriate documentation for my corporation as well as a check for \$150.00.

If for any reason the Division requires additional information my email address is topes111@aol.com, fax number and telephone number are listed above for your convenience.

Respectfully,



J. Papendick, President
Myotherapy-Massage Group