

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -6 AM 10:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15337

1. Corporation Name
Myotherapy - Massage Group
of Palm Beach, INC. W09-14805

2. Principal Office Address - No P.O. Box #
10396 Peachtree Circle
Suite, Apt. #, etc.

3. Mailing Office Address
10396 Peachtree Circle
Suite, Apt. #, etc.

City & State
Palm Beach Gardens FL
Zip 33418 Country USA

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Palm Beach Gardens, FL
Zip 33418 Country USA

000147544510
03/26/09--01020--029 **150.00
REINSTATEMENT 07-09KS

4. Date Incorporated or Qualified To Do Business in Florida 4/2/92

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 John Papendick
Street Address (P.O. Box Number is Not Acceptable)
10396 Peachtree Circle
Suite, Apt. #, Etc.
City PBG State FL Zip Code 33418

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 *John Papendick* Date 3/19/09
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
P	John Papendick	10396 Peachtree Circle	PBG, FL 33418

000147544510
04/06/09--01045--017 **300.00

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: *John Papendick* John Papendick 3/19/09 561-2229666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #