

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000057805

FILED  
Nov 04, 2004  
Secretary of State

Entity Name: BODY THERAPY REHABILITATION, INC.

## Current Principal Place of Business:

85 GRAN CANAL DR.  
MIAMI, FL 33174

## New Principal Place of Business:

85 GRAN CANAL DR.  
300  
MIAMI, FL 33144 US

## Current Mailing Address:

85 GRAN CANAL DR.  
MIAMI, FL 33174

## New Mailing Address:

85 GRAN CANAL DR.  
300  
MIAMI, FL 33144 US

FEI Number: 80-0066669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOTO, YUNIAIKI  
85 GRAND CANAL DRIVE  
MIAMI, FL 33174 US

## Name and Address of New Registered Agent:

SOTO, YUNIAIKI  
85 GRAND CANAL DRIVE  
300  
MIAMI, FL 33144 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YUNIAIKI SOTO

11/04/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: SOTO, YUNIAIKI  
Address: 85 GRAN CANAL DR.  
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete  
Name: SOTO, YUNIAIKI  
Address: 85 GRAN CANAL DR.  
City-St-Zip: MIAMI, FL 33174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: SOTO, YUNIAIKI  
Address: 85 GRAN CANAL DR., SUITE 300  
City-St-Zip: MIAMI, FL 33144 US

Title: D (X) Change ( ) Addition  
Name: SOTO, YUNIAIKI  
Address: 85 GRAN CANAL DR., SUITE 300  
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YUNIAIKI SOTO

P

11/04/2004

Electronic Signature of Signing Officer or Director

Date