2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# P10000001256

Entity Name: ADULT ACTIVITY CENTER OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1591 SE PORT ST LUCIE BLVD SUITE J
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1591 SE PORT ST LUCIE BLVD SUITE J
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 27-1593168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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: FILINGS, INC.
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: ABRAMS, SHARON M
Address: 1591 SE PORT ST LUCIE BLVD SUITE J
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D
Name: ABRAMS, KELSEY
Address: 1591 SE PORT ST LUCIE BLVD SUITE J
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: SHARON ABRAMS D 03/20/2012
Electronic Signature of Signing Officer or Director Date