

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000132138

**Entity Name:** THERAPEUTIC LIFE CONCEPTS, INC.

**Current Principal Place of Business:**

2999 NE 191ST STREET  
SUITE 701  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 NE 191ST STREET  
SUITE 701  
AVENTURA, FL 33180 US

**FEI Number: 13-4228254**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COHEN, MICHELE  
9050 PINES BOULEVARD  
STE 386  
PEMBROKE PINES, FL 33024 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: MICHELE COHEN**

**05/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COHEN, MICHELE  
Address 9240 WEST BAY HARBOR DRIVE  
3C  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title SD  
Name KONCSOL, STEPHEN W  
Address 13200 SW 32ND COURT  
City-State-Zip: DAVIE FL 33330

Title VD  
Name KOEDAM, WILHELMINA S  
Address 1011 HOLLYWOOD BLVD.  
City-State-Zip: HOLLYWOOD FL 33019

*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: MICHELE COHEN**

**PRESIDENT**

**05/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date