

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000009570

Entity Name: SUNSHINE WELLNESS CLINIC CORP.

Current Principal Place of Business:

3970 WEST FLAGLER STREET
SUITE 102
MIAMI, FL 33134

Current Mailing Address:

8300 WEST FLAGLER ST.
SUITE 258C
MIAMI, FL 33144

FEI Number: 27-1812597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTERO, VIOLETA
8300 WEST FLAGLER ST.
SUITE 258C
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: VIOLETA OTERO

10/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	RICARDO, LUIS	Name	OTERO, VIOLETA
Address	8300 WEST FLAGLER ST.	Address	8300 WEST FLAGLER ST.
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

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: VIOLETA OTERO

PRESIDENT

10/06/2015

Electronic Signature of Signing Officer/Director Detail

Date