2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2010
Secretary of State

DOCUMENT# 533873

Entity Name: HOSHINO THERAPY CLINIC OF MIAMI, INC.

Current Principal Place of Business:

430 SOUTH DIXIE HWY.
SUITE #211
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

430 SOUTH DIXIE HWY.
SUITE #211
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-1758730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOCICA, BODHI F.
4255 MERIDIAN AVE.
MIAMI BCH., FL 33140 US

Name and Address of New Registered Agent:

KOCICA, DEIRDRE C
4255 MERIDIAN AVE.
MIAMI BCH., FL 33140 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: DEIRDRE C. KOCICA 11/04/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PC
Name: KOCICA, BODHI F MR.
Address: 4255 MERIDIAN AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS
Name: KOCICA, DEIRDRE C MS
Address: 4255 MERIDIAN AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD
Name: KOCICA, PATRICK F MR.
Address: 4255 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

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: DEIRDRE KOCICA S 11/04/2010
Electronic Signature of Signing Officer or Director Date