

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F94000006232

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** CAPITAL HEALTH & SAFETY INC.

**Current Principal Place of Business:**

SUITE 705  
9950 SOUTH OCEAN DRIVE  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

9950 SOUTH OCEAN DRIVE  
SUITE 705  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

SUITE 705  
9950 SOUTH OCEAN DRIVE  
JENSEN BEACH, FL 34957

**New Mailing Address:**

9950 SOUTH OCEAN DRIVE  
SUITE 705  
JENSEN BEACH, FL 34957

**FEI Number:** 54-1663366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANDE, CHARLES  
SUITE 705  
9950 SOUTH OCEAN DRIVE  
JENSEN BEACH, FL 34957 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: CHARLES GRANDE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRANDE, EMILY  
Address: 9950 SOUTH OCEAN DRIVE, SUITE 705  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VCST  
Name: GRANDE, CHARLES  
Address: 9950 SOUTH OCEAN DRIVE, SUITE 705  
City-St-Zip: JENSEN BEACH, FL 34957

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: CHARLES GRANDE

VCST

05/23/2011

Electronic Signature of Signing Officer or Director

Date