

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005194

FILED
Oct 05, 2012
Secretary of State

Entity Name: CREATIVE CHILDREN THERAPY, INC.

Current Principal Place of Business:

5600 SW 135TH AVE
SUITE 207
MIAMI, FL 33183

New Principal Place of Business:

9260 HAMMOCKS BLVD
SUITE 202
MIAMI, FL 33196

Current Mailing Address:

5600 SW 135TH AVE
SUITE 207
MIAMI, FL 33183

New Mailing Address:

9260 HAMMOCKS BLVD
SUITE 202
MIAMI, FL 33196

FEI Number: 54-2116901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORFILA, MARIA R
5600 SW 135TH AVENUE
SUITE 207
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

ORFILA, MARIA R
9260 HAMMOCKS BLVD
SUITE 202
MIAMI, FL 33196 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: MARIA R ORFILA

10/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: ORFILA, MARIA R
Address: 9260 HAMMOCKS BLVD #202
City-St-Zip: MIAMI, FL 33196

Title: S
Name: ORFILA, MARIA R
Address: 9260 HAMMOCKS BLVD SUITE 202
City-St-Zip: MIAMI, FL 33196

Title: DP
Name: MENENDEZ, LISSETTE
Address: 5600 SW 135TH AVE 207
City-St-Zip: MIAMI, FL 33183

Title: D
Name: VILLASANTE, ROBERTO
Address: 9260 HAMMOCKS BLVD SUITE 202
City-St-Zip: MIAMI, FL 33196

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISSETTE MENENDEZ

DP

10/05/2012

Electronic Signature of Signing Officer or Director

Date