

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005194

FILED
Nov 20, 2014
Secretary of State

Entity Name: CREATIVE CHILDREN THERAPY, INC.

Current Principal Place of Business:

9260 HAMMOCKS BLVD
SUITE 202
MIAMI, FL 33196

New Principal Place of Business:

9280 HAMMOCKS BLVD
SUITE 103
MIAMI, FL 33196

Current Mailing Address:

9260 HAMMOCKS BLVD
SUITE 202
MIAMI, FL 33196

New Mailing Address:

9280 HAMMOCKS BLVD
SUITE 103
MIAMI, FL 33196

FEI Number: 54-2116901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ORFILA, MARIA R
9280 HAMMOCKS BLVD
SUITE 103
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

11/20/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: ORFILA, MARIA R
Address: 9280 HAMMOCKS BLVD #103
City-St-Zip: MIAMI, FL 33196

Title: S
Name: ORFILA, MARIA R
Address: 9280 HAMMOCKS BLVD SUITE 103
City-St-Zip: MIAMI, FL 33196

Title: DP
Name: MENENDEZ, LISSETTE
Address: 9280 HAMMOCKS BLVD SUITE 103
City-St-Zip: MIAMI, FL 33196

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: MARIA R ORFILA

VP

11/20/2014

Electronic Signature of Signing Officer or Director

Date