

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000010231

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** HEELS TO HEAL, INC.

**Current Principal Place of Business:**

340 BEACH DR NE  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

1 BEACH DR SE #1312  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 16142  
ST PETERSBURG, FL 33730

**New Mailing Address:**

PO BOX 16142  
ST PETERSBURG, FL 33733

**FEI Number:** 27-1488133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIHOK, MELISSA L  
ONE BEACH DRIVE SE #1312  
ST PETERSBURG, FL 33701 US

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

MIHOK, MELISSA L  
1 BEACH DRIVE SE #1312  
ST PETERSBURG, FL 33701 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: MELISSA MIHOK

09/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MIHOK, MELISSA L  
Address: PO BOX 16142  
City-St-Zip: ST PETERSBURG, FL 33730

Title: STD  
Name: BROWN, ASHLEY  
Address: PO BOX 14172  
City-St-Zip: ST PETERBURG, FL 33733

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: MELISSA MIHOK

PD

09/29/2010

Electronic Signature of Signing Officer or Director

Date