

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001012

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** INNER-HEALING FOR WOMEN, INC.

**Current Principal Place of Business:**

800 VIRGINIA AVE  
SUITE 23 E  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7966  
PORT ST LUCIE, FL 34985 US

**New Mailing Address:**

**FEI Number:** 65-0736873      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HILL, BONNIE  
2219 SE MORNINGSIDE BLVD  
PORT ST LUCIE, FL 34952 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:** SOBRINA CRENSHAW

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** HILL, BONNIE  
**Address:** 2219 SE MORNINGSIDE BLVD  
**City-St-Zip:** PORT ST LUCIE, FL 34952 US

**Title:** TR  
**Name:** TROUNTMAN, LACRYSTAL  
**Address:** 5528 NW EAST TORINA PKWAY APT112  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

**Title:** PD  
**Name:** ROBINSON, MAXINE  
**Address:** 300 ESSEX DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34946 US

**Title:** VP  
**Name:** CRENSHAW, SOBRINA  
**Address:** 5528 NW EAST TORINO #104  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

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:** BONNIE HILL

DR

03/05/2010

Electronic Signature of Signing Officer or Director

Date