

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 PM 5: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P00000015461
1. Entity Name
VIRGINIA MASSAGE THERAPY, INC.

Principal Place of Business 770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146	Mailing Address 770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146
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10132006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip, Country	Zip, Country

4. FEI Number 65-0990070	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, GLADYS
770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gladys Rodriguez* DATE: **10/13/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete FLUXMAN, LEONARD 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146
TITLE	D <input checked="" type="checkbox"/> Delete FUSFIELD, GLENN 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146
TITLE	VS <input type="checkbox"/> Delete BOEHM, ROBERT 770 S. DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE	V <input type="checkbox"/> Delete LAZARUS, STEPHEN 770 S. DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE	V <input type="checkbox"/> Delete LAZAR, ROBERT 770 S. DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE	V <input type="checkbox"/> Delete WADE, MELISSA 2001 W. SAMPLE RD., STE. 318 POMPANO BEACH, FL 33064

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081554377 11/06/06--01045--011 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melissa Wade* **Vice President** DATE: **10/13/06** DAYTIME PHONE: **305 284 1489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/06