

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000018670

**FILED**  
**Jun 02, 2005**  
**Secretary of State**

**Entity Name:** ANANDA HOLISTIC HEALING INSTITUTE INC.

**Current Principal Place of Business:**

3900 NW 79 AVE  
425  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

850NW 87 AVE #305  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 65-0987886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, AMARELY  
1860 SW 126TH COURT  
MIAMI, FL 33175 US

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

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:** AMARELY DIAZ

Electronic Signature of Registered Agent

Date

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** MARTIN, SILVIA  
**Address:** 3900 NW 79 AVE, SUITE 425  
**City-St-Zip:** MIAMI, FL 33166

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** S ( ) Change (X) Addition  
**Name:** TORRES, JOSE M  
**Address:** 8500 N.W. 87TH AVE APT 305  
**City-St-Zip:** MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** AMARELY DIAZ

Electronic Signature of Signing Officer or Director

RA

06/02/2005

Date