

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000104417

FILED
Oct 05, 2007
Secretary of State

Entity Name: AVENTURA WELLNESS & RERHAB CENTER, INC.

Current Principal Place of Business:

2440 NE MIAMI GARDENS DR
#101
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

2440 NE MIAMI GARDENS DR
#101
MIAMI, FL 33180

New Mailing Address:

FEI Number: 03-0373995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREUX, ALEXANDER DC
2440 NE MIAMI GARDENS DR
#101
MIAMI, FL 33180 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: ALEXANDER GREUX

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: D () Delete
Name: GREUX, ALEXANDER
Address: 2440 NE MIAMI GARDENS DR. #101
City-St-Zip: MIAMI, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEXANDER GREUX

CEO

10/05/2007

Electronic Signature of Signing Officer or Director

Date