

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000021515

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** THERAPEUTIC HEALTH ENDEAVORS INSTITUTE, INC.

**Current Principal Place of Business:**

3565 E. SUZIE LANE  
INVERNESS, FL 34451 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 711  
INVERNESS, FL 34451 US

**New Mailing Address:**

P O BOX 711  
INVERNESS, FL 34451

**FEI Number:** 01-0666451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHELPS, MARTHA M  
3565 E SUZIE LANE  
INVERNESS, FL 34451 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: MARTHA M PHELPS

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: T  
Name: SMILEY, JOAN B CFO  
Address: 3565 E SUZIE LANE  
City-St-Zip: INVERNESS, FL 34451

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA M PHELPS

PRES

02/09/2010

Electronic Signature of Signing Officer or Director

Date