2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000026774

Entity Name: MIAMI TOTAL HEALTH, INC.

FILED Aug 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

P.O. BOX 612382 15064 SW 30 TERRACE NORTH MIAMI, FL 33181 US MIAMI, FL 33185 US

Current Mailing Address: New Mailing Address:

P.O. BOX 612382 15064 SW 30 TERRACE NORTH MIAMI, FL 33181 US MIAMI, FL 33185 US

FEI Number: 02-0681401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RODRIGUEZ, YURI
11930 N BAYSHORE DRIVE #403
NORTH MIAMI, FL 33181 US
RODRIGUEZ, YURI
15064 SW 30 TERRACE
MIAMI, FL 33185 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: YURI RODRIGUEZ 08/02/2007

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:

S: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 RODRIGUEZ, YURI
 Name:
 RODRIGUEZ, YURI

 Address:
 11930 N BAYSHORE DRIVE #403
 Address:
 15064 SW 30 TERRACE

 City-St-Zip:
 NORTH MIAMI, FL 33181 US
 City-St-Zip:
 MIAMI, FL 33185 US

 Name:
 JONES, RACHEL
 Name:
 JONES, RACHEL

 Address:
 11930 N BAYSHORE DRIVE #403
 Address:
 15064 SW 30 TERRACE

 City-St-Zip:
 NORTH MIAMI, FL 33181 US
 City-St-Zip:
 NORTH MIAMI, FL 33185 US

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: YURI RODRIGUEZ D 08/02/2007