

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 172

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-05

**DOCUMENT # P03000156020**

1. Entity Name  
**M. TERAPIA CENTER CORP.**



Principal Place of Business  
**4872 NW 7 ST  
MIAMI, FL 33126**

Mailing Address  
**4872 NW 7 ST  
MIAMI, FL 33126**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**200546924**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, FREDY J  
4872 NW 7 ST  
MIAMI, FL 33126**

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

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD HERNANDEZ, FREDY J 4872 NW 7 ST MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* **02/3/05** **987-1975**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PS 2 92

February 3, 2005

Reinstatement Department  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

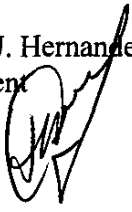
**REF: M. TERAPIA CENTER CORP.**  
**P03000156020**

To whom this may concern:

I am submitting my corporation reinstatement form. We did not receive any reinstatement notices from your department for the year 2004 and 2005. If you could please waive the reinstatement fees I would really appreciate it.

Thank you,

Fredy J. Hernandez  
President



FJH;bms