

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000050130

1. Entity Name
THE YOGA THERAPIST, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 PM 2:45

Principal Place of Business
2604 35TH STREET
EDGEWATER, FL 32141

Mailing Address
2604 35TH STREET
EDGEWATER, FL 32141

REINSTATEMENT 05



2. Principal Place of Business

338 Mariners Gate Dr.

Suite, Apt. #, etc.

Edgewater, FL.

City & State

Edgewater, FL

Zip

32141

Country

USA

3. Mailing Address

338 Mariners Gate Dr.

Suite, Apt. #, etc.

Edgewater, FL.

City & State

Edgewater, FL.

Zip

32141

Country

U.S.A.

10172005

REIN-P

CR2E098 (6/04)

4. FEI Number

260097679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLEMENI, SUSANNA E
2604 35TH STREET
EDGEWATER, FL 32141

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

Susanna E Polemeni

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10.17.05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POLEMENI, SUSANNA E	
STREET ADDRESS	2604 35TH STREET	
CITY - ST - ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800060773508	
STREET ADDRESS	10/19/05--01050--010	
CITY - ST - ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Susanna E Polemeni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17.05.

Date

(386)690-2485

Daytime Phone #