

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000091369

Entity Name: MINDFUL HEALTH, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

3341 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Principal Place of Business:

865 91 ST AVE. NORTH
NAPLES, FL 34108

Current Mailing Address:

3341 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Mailing Address:

865 91 ST AVE. NORTH
NAPLES, FL 34108

FEI Number: 74-3123911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURA OLSZEWSKI & ASSOC PA
5401 TAYLOR RD
SUITE 3
NAPLES, FL 34109 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: LAURA OLSZEWSKI

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: MS. () Delete
Name: STEC, VALERIE A
Address: 3341 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103 US

Title: MR. () Delete
Name: LOMBARD, CHRIS
Address: 3341 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: STEC, VALERIE A
Address: 865 91ST AVE. NORTH
City-St-Zip: NAPLES, FL 34108 US

Title: MR. (X) Change () Addition
Name: LOMBARD, CHRIS
Address: 865 91ST AVE. NORTH
City-St-Zip: NAPLES, FL 34108 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: VALERIE STEC

CEO

01/23/2009

Electronic Signature of Signing Officer or Director

Date