

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142250

Entity Name: THERAPY ONE SOLUTION, INC.

FILED  
Nov 25, 2008  
Secretary of State

**Current Principal Place of Business:**

900 WEST 49 STREET SUITE 234  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

900 WEST 49 STREET SUITE 234  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 20-1752777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REAL, LIS I  
4100 SW 145 TERRACE  
MIAMI, FL 33027 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: LIS I REAL

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: PR ( ) Delete  
Name: REAL, LIS I  
Address: 4100 SW 145 TERRACE  
City-St-Zip: MIRAMAR, FL 33027 BR

Title: VPDT ( ) Delete  
Name: RABEIRO, JULIO M VPDT  
Address: 4100 SW 145 TERRACE  
City-St-Zip: MIRAMAR, FL 33027 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPDT (X) Change ( ) Addition  
Name: RABEIRO, JULIO M VPDT  
Address: 4100 SW 145 TERRACE  
City-St-Zip: MIRAMAR, FL 33027 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: JULIO RABEIRO

VPTS

11/25/2008

Electronic Signature of Signing Officer or Director

Date