

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000172886

FILED
Dec 05, 2005
Secretary of State

Entity Name: MOMENTUM THERAPY SERVICES, INC.

Current Principal Place of Business:

6039 COLLINS AVE #1205
MIAMI BEACH, FL 331402252

New Principal Place of Business:

940 PLOVER AVENUE
MIAMI SPRINGS, FL 331664347

Current Mailing Address:

6039 COLLINS AVE #1205
MIAMI BEACH, FL 331402252

New Mailing Address:

940 PLOVER AVENUE
MIAMI SPRINGS, FL 331664347

FEI Number: 42-1655407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORCHS, THOMAS A
6039 COLLINS AVE #1205
MIAMI BEACH, FL 331402252 US

Name and Address of New Registered Agent:

GORCHS, THOMAS A MR.
940 PLOVER AVENUE
MIAMI SPRINGS, FL 331664347 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: THOMAS A GORCHS

12/05/2005

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: D () Delete
Name: GORCHS, THOMAS A
Address: 6039 COLLINS AVE #1205
City-St-Zip: MIAMI BEACH, FL 331402252

Title: D () Delete
Name: DEL CARMEN RUIZ, RAIZA C
Address: 6039 COLLINS AVE #1205
City-St-Zip: MIAMI BEACH, FL 331402252

Title: D () Delete
Name: GORCHS, MARTA L
Address: 6039 COLLINS AVE #1205
City-St-Zip: MIAMI BEACH, FL 331402252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GORCHS, THOMAS A
Address: 940 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 331664347

Title: D (X) Change () Addition
Name: RUIZ, RAIZA C
Address: 940 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 331664347

Title: D (X) Change () Addition
Name: GORCHS, MARTA L
Address: 940 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 331664347

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS A GORCHS

MR.

12/05/2005

Electronic Signature of Signing Officer or Director

Date