

P05000011165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

10/29/08--01007--021 **35.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 OCT 29 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 24, 2008

Florida Department of State
Division of Corporations
Att.: Carol Mustain
P.O. Box 6327
Tallahassee, FL 32314

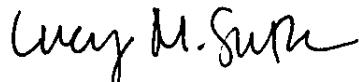
Re: Document #P05000011165

Dear Carol,

Following up on your conversation with our accountant Alison Dictor of Friedman, Cohen, Taubman and Company, attached are the documents to reinstate Therapies 4 Kids, Inc. as a Florida Corporation. As Alison mentioned to you, we were not advised of our registered agent's resignation in August which led to the Certificate of Administrative Dissolution dated October 20, 2008.

Pending your review of the attached, please do not hesitate to contact me at 954-491-6611 with any questions or comments. In the meantime, thank you for your time and consideration in processing the reinstatement of our corporation.

All the best,



Lucy M. Suter

THERAPIES 4 KIDS INC.



Florida:

4001 N. Ocean Drive, Suite 305
Lauderdale by the Sea, FL 33308



New York:

55 Bryant Avenue
Roslyn, NY, 11576



New Jersey:

2200 Route 10 West, Suite 106
Parsippany, NJ, 07054

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THERAPIES 4 KIDS, INC.
(Name of Corporation) +

DOCUMENT NUMBER: P05000011165

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

EILEEN DE OLIVEIRA
(Name of Contact Person)

THERAPIES 4 KIDS, INC.
(Firm/Company)

4001 OCEAN DRIVE, SUITE 305
(Address)

LAUDERDALE BY THE SEA, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

EILEEN DE OLIVEIRA at (954) 907-6783
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THERAPIES 4 KIDS, INC.

2. The principal office address: 4001 OCEAN DRIVE, SUITE 305
LAUDERDALE BY THE SEA, FL 33308

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/21/05 Document number: P05000011165

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

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TALLAHASSEE, FLORIDA

08 OCT 29 AM 10:01

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EILEEN DE OLIVEIRA

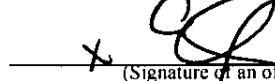
4001 OCEAN DRIVE, SUITE 305

(P.O. Box NOT acceptable)

LAUDERDALE BY THE SEA, FL 33308

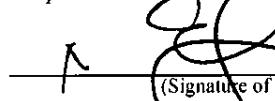
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

EILEEN DE OLIVEIRA, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

10/24/08
(Date)

If signing on behalf of an entity:

Eileen De Oliveira
(Typed or Printed Name)

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)