2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000019880

Entity Name: TOUZE HEALTH INSTITUTE INC

FILED Oct 28, 2009 Secretary of State

Entity Na	me: TOUZE HEALTH INSTITUTE, INC.			
Current P	Principal Place of Business:	New Principal Place	of Business:	
	IBROKE RD DOD, FL 33023 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	3RD STREET KE PINES, FL 33025 US			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent	Name and Address o	of New Registered Agent:	
5741 PÉM HOLLYWO The above	MMANUEL BROKE RD DOD, FL 33023 US e named entity submits this statement for the of Florida.	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: EMMANUEL TOUZE			
	Electronic Signature of Registered	Agent	Date	
	nce with s. 607.193(2)(b), F.S., the corporation di mpaign Financing Trust Fund Contribution().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P () Delete TOUZE, EMMANUEL	Title: Name: Address:	() Change () Addition	
City-St-Zip:	5741 PEMBROKE RD HOLLYWOOD, FL 33023 US	City-St-Zip:		

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: EMMANUEL TOUZE PRES 10/28/2009