

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000048901

**Entity Name:** REJUVENATE MEDICAL CLINIC, INC.

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD  
UNIT 207  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

7065 WESTPOINTE BLVD  
UNIT# 207  
ORLANDO, FL 32835

**New Mailing Address:**

3392 TABREEZE COURT  
OCOE, FL 34761

**FEI Number:** 20-4781489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHOURI, ELIE J  
7065 WESTPOINTE BLVD  
UNIT # 207  
ORLANDO, FL 32835 US

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

KHOURI, ELIE J  
3392 TABREEZE COURT  
OCOE, FL 34761 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: ELIE KHOURI

03/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KHOURI, ELIE J  
Address: 3392 TABREEZE COURT  
City-St-Zip: OCOE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: ELIE KHOURI

P

03/01/2011

Electronic Signature of Signing Officer or Director

Date