

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000065453

**Entity Name:** MIAMI AROMATHERAPY, INC.

**FILED**  
**Sep 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15743 SW 145TH TERRACE  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15743 SW 145TH TERRACE  
MIAMI, FL 33196

**New Mailing Address:**

P O BOX 432510  
MIAMI, FL 332432510 US

**FEI Number:** 20-4867582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALAMAGA, ROBERT J  
15743 SW 145TH TERRACE  
MIAMI, FL 33196 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: ROBERT J GALAMAGA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GALAMAGA, KRISTEN M  
Address: 15743 SW 145 TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: VPD  
Name: GALAMAGA, CRAIG A  
Address: 15743 SW 145 TERRACE  
City-St-Zip: MIAMI, FL 33196

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: CRAIG A GALAMAGA

VPD

09/23/2011

Electronic Signature of Signing Officer or Director

Date