

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000130077

FILED
Dec 10, 2009
Secretary of State

Entity Name: ASTHMA & ALLERGY NON-MEDICINAL SPA RELIEF, INC.

Current Principal Place of Business:

2077 FIRST STREET SUITE 206
FORT MYERS, FL 33901

New Principal Place of Business:

2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901 US

Current Mailing Address:

1901 60 PL STE L2306
BRADENTON, FL 34203

New Mailing Address:

2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: KIMBERLY B. MORET

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOGYINSZKI, LASZLO
Address: P.O. BOX 60591
City-St-Zip: FORT MYERS, FL 33906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOGYINSZKI, LASZLO
Address: 19 DEL PRADO NORTH, S.#4
City-St-Zip: CAPE CORAL, FL 33909 US

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: LASLO HOGYINKSZKI

D

12/10/2009

Electronic Signature of Signing Officer or Director

Date