

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000008786

Entity Name: THERAPY DREAM INC.

FILED  
Oct 12, 2009  
Secretary of State

**Current Principal Place of Business:**

720 SW 71 TERRACE  
PEMBROKE PINES, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

720 SW 71 TERRACE  
PEMBROKE PINES, FL 33023

**New Mailing Address:**

FEI Number: 20-8308534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRUJILLO, DORIS A.  
720 SW 71 TERRACE  
PEMBROKE PINES, FL 33023 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: DORIS TRUJILLO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: TRUJILLO, DORIS A.  
Address: 720 SW 71 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DORIS A TRUJILLO

Electronic Signature of Signing Officer or Director

PRS

10/12/2009

Date