2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000106473

Name:

Address:

City-St-Zip:

MURRAY, GODFREY E

420 NE 55 TERRACE

MIAMI, FL 33156 US

Entity Name: YOU BREAK IT WE FIX IT REHAB & WELLNESS, INC.

FILED Mar 21, 2009 Secretary of State

•			,				
Current Principal Place of Business:			New Principal Place		of Business:		
1897 NW MIAMI, FL	44 STREET 33142 US	3					
Current Mailing Address:			New Mailing Address:				
1897 NW MIAMI, FL	44 STREET 33142 US	;					
FEI Number	: 65-1153080	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Re			
HILL, ALV 1897 NW MIAMI, FL	44 STREET	3					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both	١,	
SIGNATU	RE: ALVIN H	IILL					
	Electro	nic Signature of Registered Age	ent		Date	-	
		93(2)(b), F.S., the corporation did no	ot receive the prior notic	e.			
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (HILL, ALVIN D 1897 NW 44 S MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	P/D (HILL, ALVIN D 1897 NW 44 : MIAMI, FL 33	STREET		
Title:	VP (K) Delete	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: ALVIN HILL P/D 03/21/2009