

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000021108

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** SOFT HANDS ORIENTAL MASSAGE, INC.

**Current Principal Place of Business:**

16950 NORTH BAY RD, APT 1401  
SUNNY ISLES BEACH, FL 331604245

**New Principal Place of Business:**

16119 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

14060 BISCAYNE BLVD  
APT. # 706  
N. MIAMI, FL 33181

**New Mailing Address:**

16950 NORTH BAY RD APT. 1401  
APT. # 1401  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 26-2034715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUGNACE, JOSEPH  
14060 BISCAYNE BLVD  
APT. # 706  
N. MIAMI, FL 33181 US

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

JUGNACE, JOSEPH  
16950 NORTH BAY RD.  
APT. 1401  
SUNNY ISLES BEACH, FL 33160 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: JUGNACE JOSEPH

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JUGNACE, JOSEPH  
Address: 16950 NORTH BAY RD.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP  
Name: ST. GERMAIN, JEANDONY  
Address: 13651 S. BISCAYNE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33161

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: JEAN DONY ST.GERMAIN

VP

01/11/2011

Electronic Signature of Signing Officer or Director

Date