2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000069144

Entity Name: BOCA FAMILY PSYCHOTHERAPY, INC.

FILED Nov 03, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OORRA PLACE TON, FL 3343				
Current Mailing Address:			New Mailing Address:		
	OORRA PLACE TON, FL 3343				
FEI Number:	: 26-3001644	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	NINA ORRA PLACE TON, FL 3343				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: PENINA	FLUG			
	Electror	nic Signature of Registered Ac	gent	Date	
		3(2)(b), F.S., the corporation did r	not receive the prior notice.		
	S AND DIREC	.,	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (FLUG, PENINA 7544 ANDORR BOCA RATON,	A PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PENINA FLUG OWNE 11/03/2009