

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000070545

FILED
Jan 07, 2011
Secretary of State

Entity Name: BEACHSIDE MASSAGE THERAPY, INC.

Current Principal Place of Business:

220 SANTA ROSA ST SW #286
FT WALTON BEACH, FL 32548

New Principal Place of Business:

381 SANTA ROSA BLVD
C-102
FT WALTON BEACH, FL 32548

Current Mailing Address:

255 MIRACLE STRIP PKWY B-5 #216
FT WALTON BEACH, FL 32548

New Mailing Address:

381 SANTA ROSA BLVD
C-102
FT WALTON BEACH, FL 32548

FEI Number: 26-3108051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, CALVIN O JR
330 BLUEFISH #229
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ROBERTS, CALVIN O JR
302 SANTA ROSA BLVD
17
FT WALTON BEACH, FL 32548 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: CALVIN O. ROBERTS, JR.

01/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: ROBERTS, CALVIN O JR
Address: 381 SANTA ROSA BLVD C-102
City-St-Zip: FT WALTON BEACH, FL 32548

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: CALVIN O. ROBERTS, JR.

CEO

01/07/2011

Electronic Signature of Signing Officer or Director

Date