2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# P08000077193

Entity Name: HEALTH MARKETING INTERNATIONAL INC.

Current Principal Place of Business:

3304 BRIDGEWOOD DRIVE
BOCA RATON, FL 33433

New Principal Place of Business:

515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

60 KNOLL CRESCENT
BRONX, NY 10463

New Mailing Address:

515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FABIAN, DIONISIE
3304 BRIDGEWOOD DRIVE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY 10/07/2009
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: D ( ) Delete
Name: FABIAN, DIONISE
Address: 60 KNOLL CRESCENT
City-St-Zip: BRONX, NY 10463

Title: D (X) Delete
Name: WHITELEY, MICHAEL
Address: THE GARDEN 6 LYNDHURSY GARDEND
City-St-Zip: LONDON NW3 5NR,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ORTEGA, HERIBERTO
Address: 515 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

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: HERIBERTO ORTEGA D 10/07/2009
Electronic Signature of Signing Officer or Director Date