

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000084895

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

**Entity Name:** PURE HEALTHY BACK, INC.

**Current Principal Place of Business:**

100 SE 3RD AVENUE, 8TH FLOOR  
FORT LAUDERDALE, FL 33394

**New Principal Place of Business:**

1030 N ORANGE AVE  
STE 300  
ORLANDO, FL 32801

**Current Mailing Address:**

100 SE 3RD AVENUE, 8TH FLOOR  
FORT LAUDERDALE, FL 33394

**New Mailing Address:**

1030 N ORANGE AVE  
STE 300  
ORLANDO, FL 32801

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

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

R & A AGENTS, INC.  
100 SE 3RD AVENUE, 8TH FLOOR  
FORT LAUDERDALE, FL 33394    US

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

SZPORKA, MARK  
1030 N ORANGE AVE  
300  
ORLANDO, FL 32801    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: MARK SZPORKA

07/11/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            CEOD  
Name:           LUBINSKY, RANDY  
Address:        1030 N ORANGE AVE, STE 300  
City-St-Zip:    ORLANDO, FL 32801

Title:            CFOD  
Name:           SZPORKA, MARK  
Address:        1030 N ORANGE AVE, STE 300  
City-St-Zip:    ORLANDO, FL 32801

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: MARK SZPORKA

CFOD

07/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date