2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P08000096357

Entity Name: HOPE PEDIATRIC THERAPY, INC.

Current Principal Place of Business:

3550 SHIPPING AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3550 SHIPPING AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 26-3617046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AREVALO, EDITH A
3550 SHIPPING AVENUE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: EDITH AREVALO

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: AREVALO, EDITH A
Address: 3550 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: GASCA, MAURICO
Address: 3550 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GASCA, MAURICIO
Address: 3550 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

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: EDITH AREVALO D 10/19/2009

Electronic Signature of Signing Officer or Director Date