

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000079355

FILED
Oct 19, 2010
Secretary of State

Entity Name: ACHIEVEMENT REHABILITATION THROUGH THERAPEUTIC INTERVENTION, INC.

Current Principal Place of Business:

3424 S. WINDING PATH
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

3424 S. WINDING PATH
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 27-0991521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMSAY, SHERRI K
3424 S. WINDING PATH
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

RAMSAY, SHERRIE K
3424 S. WINDING PATH
INVERNESS, FL 34450 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: SHERRIE K RAMSAY

10/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HARRELL, STERLING
Address: 3235 LAKEVIEW OAKS DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: RAMSAY, SHERRIE K
Address: 3424 S. WINDING PATH
City-St-Zip: INVERNESS, FL 34450

Title: D
Name: HARRELL, JAMIE
Address: 3235 LAKEVIEW OAKS DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: RAMSAY, TIMOTHY
Address: 3424 S. WINDING PATH
City-St-Zip: INVERNESS, FL 34450

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: TIMOTHY RAMSAY

D

10/19/2010

Electronic Signature of Signing Officer or Director

Date