

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000020892

**FILED**  
**Jul 03, 2012**  
**Secretary of State**

**Entity Name:** STRUCTURAL THERAPEUTIC INTEGRATION, INC.

**Current Principal Place of Business:**

1229 KELLOGG DRIVE  
TAVARES, FL 32778

**New Principal Place of Business:**

3619 LAKE CENTER DRIVE  
MOUNT DORA, FL 32757

**Current Mailing Address:**

1229 KELLOGG DRIVE  
TAVARES, FL 32778

**New Mailing Address:**

13024 YALE BLUFF DRIVE  
GRAND ISLAND, FL 32735

**FEI Number:** 30-0608921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELLOW, JOANNE R  
1229 KELLOGG DRIVE  
TAVARES, FL 32778 US

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

BELLOW, JOANNE R  
13024 YALE BLUFF DRIVE  
GRAND ISLAND, FL 32735 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: JOANNE BELOW

07/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BELLOW, JOANNE R  
Address: 1302R YALE BLUFF DRIVE  
City-St-Zip: GRAND ISLAND, FL 32735

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: JOANNE BELLOW

D

07/03/2012

Electronic Signature of Signing Officer or Director

Date