

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000040933

**FILED**  
**Jun 01, 2012**  
**Secretary of State**

**Entity Name:** COLON HYDROTHERAPY & THERAPEUTIC MASSAGE CENTER INC

**Current Principal Place of Business:**

8650 TAFT STREET  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

8650 TAFT STREET  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 27-2560117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUTHERLAND, DIONNE  
8650 TAFT STREET  
PEMBROKE PINES, FL 33024 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:** DIONNE SUTHERLAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SUTHERLAND, DIONNE  
**Address:** 8650 TAFT STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

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:** DIONNE SUTHERLAND

P

06/01/2012

Electronic Signature of Signing Officer or Director

Date