

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000041494

**FILED**  
**Oct 26, 2012**  
**Secretary of State**

**Entity Name:** ADORA BODY SCULPTING CLINIC, INC.

**Current Principal Place of Business:**

3720 TAMPA RD.  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

2713 WEST VIRGINIA AVE  
TAMPA, FL 33607 US

**Current Mailing Address:**

3720 TAMPA RD.  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

2713 WEST VIRGINIA AVE  
TAMPA, FL 33607

**FEI Number:** 27-1503646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES, LORI M  
3720 TAMPA RD  
PALM HARBOR, FL 34684 US

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

ADMINISTRATIVE, CONSULTING & EXECUTIVE SER  
13575 58TH STREET N  
139  
CLEARWATER, FL 33760 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: KERRY ROBERTS

10/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUGHES, LORI M  
Address: 2713 WEST VIRGINIA AVE  
City-St-Zip: TAMPA, FL 33607 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: LORI HUGHES

P

10/26/2012

Electronic Signature of Signing Officer or Director

Date