

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000041496

**FILED**  
**Oct 27, 2011**  
**Secretary of State**

**Entity Name:** NATURAL HEALTH CENTER & SPA INC

**Current Principal Place of Business:**

2607 NW 20 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2607 NW 20 STREET  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 27-2624741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORTA, IGOR  
2607 NW 20 STREET  
MIAMI, FL 33142 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: IGOR DORTA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DORTA, IGOR  
Address: 2607 NW 20 STREET  
City-St-Zip: MIAMI, FL 33142

Title: VP  
Name: ALVAREZ, ESPERANZA  
Address: 2607 NW 20 STREET  
City-St-Zip: MIAMI, FL 33142

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: IGOR DORTA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/27/2011

\_\_\_\_\_  
Date