

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000040976

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** NEW BEGINNING THERAPY CENTER, CORP

**Current Principal Place of Business:**

1900 W 68 ST  
I-201  
HIALEAH, FL 33014

**New Principal Place of Business:**

1840 W 49TH ST  
SUITE 225  
HIALEAH, FL 33012

**Current Mailing Address:**

1900 W 68 ST  
I-201  
HIALEAH, FL 33014

**New Mailing Address:**

1840 W 49TH ST  
SUITE 225  
HIALEAH, FL 33012

**FEI Number:** 30-0682144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORA, DANAE  
1900 W 68 ST  
I-201  
HIALEAH, FL 33014 US

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

MORA, DANAE  
8425 NW 165 TERRACE  
MIAMI LAKES, FL 33016 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: DANAE MORA

10/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORA, DANAE  
Address: 8425 NW 165 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

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: DANAE MORA

PRES

10/06/2014

Electronic Signature of Signing Officer or Director

Date