

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000045290

**FILED**  
**Mar 05, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

1107 PROFESSIONAL PARK DRIVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

3720 TAMPA RD  
PALM HARBOR, FL 34684

**New Mailing Address:**

2713 W VIRGINIA AVE  
TAMPA, FL 33607

**FEI Number:** 61-1650225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

TAGLIAFERRO, MICHAEL T  
2713 W VIRGINIA AVE  
TAMPA, FL 33607 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: MICHAEL TAGLIAFERRO

03/05/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

03/05/2013

Electronic Signature of Signing Officer or Director

Date