

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000088387

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** EMANUEL THERAPEUTIC MASSAGE, INC.

**Current Principal Place of Business:**

2750 PALM AVE  
SUITE 200  
HIALEAH, FL 33010

**New Principal Place of Business:**

1140 W 50 ST  
HIALEAH, FL 33012

**Current Mailing Address:**

2750 PALM AVE  
SUITE 200  
HIALEAH, FL 33010

**New Mailing Address:**

1140 W 50 ST  
HIALEAH, FL 33012

**FEI Number:** 45-3579528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASAS, EZEQUIEL  
2750 PALM AVENUE  
SUITE 200  
HIALEAH, FL 33010 US

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

CHAVEZ, DANIA  
1140 W 50 ST  
HIALEAH, FL 33012 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:** DANIA CHAVEZ

10/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHAVEZ, DANIA  
**Address:** 1140 W 50 ST  
**City-St-Zip:** HIALEAH, FL 33012

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:** DANIA CHAVEZ

PD

10/03/2014

Electronic Signature of Signing Officer or Director

Date