

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000061291

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

**Entity Name:** GULF COAST INSTITUTE OF ANTI-AGING, INC.

**Current Principal Place of Business:**

9080 58TH DRIVE EAST SU 200  
LAKEWOOD RANCH, FL 34202 US

**New Principal Place of Business:**

8878 STATE ROAD 70 EAST  
102  
LAKEWOOD RANCH, FL 34202 US

**Current Mailing Address:**

9080 58TH DRIVE EAST SU 200  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

8878 STATE ROAD 70 EAST  
102  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 46-3257858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIANGRANTE, CHERYL  
9080 58TH DRIVE EAST SU 200  
LAKEWOOD RANCH, FL 34202 US

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

GIANGRANTE, CHERYL  
8878 STATE ROAD 70 EAST  
LAKEWOOD RANCH, FL 34202 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: CHERYL GIANGRANTE

11/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: GIANGRANTE, CHERYL  
Address: 8878 STATE ROAD 70 EAST  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: D  
Name: GIANGRANTE, CHERYL  
Address: 8878 STATE ROAD 70 EAST  
City-St-Zip: LAKEWOOD RANCH, FL 34202 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: CHERYL GIANGRANTE

PRES

11/06/2014

Electronic Signature of Signing Officer or Director

Date