

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000021349

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CHINESE MEDICINE INSTITUTE, INC.

**Current Principal Place of Business:**

9230 SW 40 ST  
MIAMI, FL 33165

**New Principal Place of Business:**

9272 SW 40 ST  
MIAMI, FL 33165

**Current Mailing Address:**

9272 SW 40 ST  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 65-0481986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERDIE, AINSLEE R  
717 PONCE DE LEON BLVD.  
#215  
CORAL GABLES, FL 33134 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: WHEI CHUE SHIH

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SHIH, WHEI C  
Address: 9272 BIRD RD  
City-St-Zip: MIAMI, FL 33165

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: WHEI CHUE SHIH

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Electronic Signature of Signing Officer or Director

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04/25/2011

\_\_\_\_\_  
Date