

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000095268

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** RONI'S MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

7305 W SAMPLE RD  
110  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9520  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

7305 W SAMPLE RD  
110  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0634231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIAVERINI, RONALD  
7305 W SAMPLE RD  
110  
CORAL SPRINGS, FL 33065 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:** RONALD CHIAVERINI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CHIAVERINI, RONALD  
**Address:** 7305 W SAMPLE RD SUITE 110  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** RONALD CHIAVERINI

D

02/23/2011

Electronic Signature of Signing Officer or Director

Date