## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000033698

City-St-Zip: ORLANDO, FL 32804

Entity Name: CENTRAL FLORIDA SCHOOL OF MASSAGE THERAPY INC.

FILED Sep 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
450 N. LAKEMO	ONT AVENUE	Ξ			
WINTER PARK	K, FL 32792	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
450 N. LAKEMO	ONT AVENUE	≣			
WINTER PARK	K, FL 32792	US			
FEI Number: 59-3	382165 F	El Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MCGILLICUDD 516 CLAYTON ORLANDO, FL	ST	6			
The above nam in the State of F		mits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:	MICHAEL MO	CGILLICUDDY			
-	Electronic S	Signature of Registered Age	ent	Date	
	, ,	(b), F.S., the corporation did no ust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	D () Del GILLICUDDY, M S CLAYTON ST		Title: ( Name: Address:	) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL MCGILLICUDDY PTD 09/30/2008