2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 03, 2011
Secretary of State

DOCUMENT# P98000099406

Entity Name: THERAPIST UNIVERSITY, INC.

Current Principal Place of Business:

17 LAKESIDE DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

7791 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

Current Mailing Address:

17 LAKESIDE DRIVE
PALM COAST, FL 32137

New Mailing Address:

7791 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

FEI Number: 59-3545282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CESTARI, JAN
15 CLEARVIEW CT. S.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WILLIAMS, PAT
17 LAKESIDE DRIVE
PALM COAST, FL 32137 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: PAT WILLIAMS 06/03/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LABARDEE, LYLE PRES
Address: 7791 BYRON CENTER DRIVE
City-St-Zip: BYRON CENTER, MI 49315 US

Title: DIR
Name: EARL, PAUL DIRECTO
Address: 6 QUINCY PARK
City-St-Zip: BEVERLY, MA 01915 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: PAUL EARL DIR 06/03/2011
Electronic Signature of Signing Officer or Director Date