

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000039079

FILED
Feb 12, 2009
Secretary of State

Entity Name: JOHN GIORDANO'S HOLISTIC ADDICTION TREATMENT PROGRAM, INC.

Current Principal Place of Business:

16170 N.E. 11TH COURT
NORTH MIAMI, FL 33162

New Principal Place of Business:

1590 NE 162ND STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16170 N.E. 11TH COURT
NORTH MIAMI, FL 33162

New Mailing Address:

1590 NE 162ND STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0940060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF CRAIG M. DORNE, P.A.
407 LINCOLN RD PENTHOUSE S.E.
MIAMI BEACH, FL 33137 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF CRAIG M. DORNE, P.A.
407 LINCOLN RD PENTHOUSE S.E.
MIAMI BEACH, FL 33139 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: CRAIG M. DORNE P.A.

02/12/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIORDANO, JOHN
Address: 16170 N.E. 11TH COURT
City-St-Zip: NORTH MIAMI, FL 33162

Title: D () Delete
Name: GOLDFARB, GERALD
Address: 16170 N.E. 11TH COURT
City-St-Zip: NORTH MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIORDANO, JOHN
Address: 1590 NE 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Change () Addition
Name: GOLDFARB, GERALD S
Address: 1590 NE 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: JOHN J. GIORDANO

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date