2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P99000054902

Entity Name: ALTERNATIVE THERAPY CENTER, INC.

Current Principal Place of Business:

1502 DUNDEE ROAD
WINTER HAVEN, FL 338841012 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1971
WINTER HAVEN, FL 338831971 US

New Mailing Address:

FEI Number: 59-3587386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELA-LOPEZ, ENRIQUE
1502 DUNDEE ROAD
WINTER HAVEN, FL 338841012 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: ENRIQUE VELA-LOPEZ

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: PD ( ) Delete
Name: VELA-LOPEZ, ENRIQUE
Address: 1502 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VTD ( ) Delete
Name: MARQUEZ, UTE M
Address: 1502 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: S ( ) Delete
Name: NELSON, KARIN G
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 338803402 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ENRIQUE VELA-LOPEZ PD 10/19/2009

Electronic Signature of Signing Officer or Director — Date