

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000088085

**FILED**  
**Dec 16, 2010**  
**Secretary of State**

**Entity Name:** LAUDERDALE CENTER FOR ADVANCED THERAPEUTIC MASSAGE, INC.

**Current Principal Place of Business:**

5377 COPPEDGE AVENUE  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

5377 COPPEDGE AVENUE  
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number:** 59-3601205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LAUDERDALE, JEFFREY S  
5377 COPPEDGE AVENUE  
JACKSONVILLE, FL 32277 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: JEFFREY LAUDERDALE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LAUDERDALE, JEFFREY S  
Address: 5377 COPPEDGE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: 2D  
Name: LAUDERDALE, KATHLEEN L  
Address: 5377 COPPEDGE AVE  
City-St-Zip: JACKSONVILLE, FL 32277

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: JEFFREY LAUDERDALE

D

12/16/2010

Electronic Signature of Signing Officer or Director

Date