



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000091137 1. Entity Name SKILLFUL LIVING, P.A.						06 APR 28 11:01	
Principal Place of Business 2020 NE 163RD STREET STE 300 N. MIAMI BEACH, FL 33162				Mailing Address 2020 NE 163RD STREET STE 300 N. MIAMI BEACH, FL 33162			
2. Principal Place of Business 3600 S. State Rd 7		3. Mailing Address 3600 S. State Rd 7					
Suite, Apt. #, etc. 218		Suite, Apt. #, etc. 218					
City & State MIRAMAR, FL		City & State MIRAMAR, FL					
Zip 33023		Country USA		Zip 33023		Country USA	
4. FEI Number 65-0950916				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SILVER, MAUDE RNCLMFT 2495 NW 187 AVE PEMBROKE PINES, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVER, MAUDE 2020 NE 163 STREET N MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY - ST - ZIP	C- EDNA BRYAN 19445 NW 19 COURT MIAMI, FL 33056		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>MAUDE SILVER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-24-06 954/322-8898 <small>Date Daytime Phone #</small>			