

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000091137

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** SKILLFUL LIVING, P.A.

**Current Principal Place of Business:**

3600 S STATE RD 7  
218  
MIRAMAR, FL 33023

**New Principal Place of Business:**

2495 NW 187 AVENUE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

3600 S STATE RD 7  
218  
MIRAMAR, FL 33023

**New Mailing Address:**

P.O BOX 297215  
PEMBROKE PINES, FL 33029

**FEI Number:** 65-0950916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVER, MAUDE RNCLMFT  
2495 NW 187 AVE  
PEMBROKE PINES, FL 33029 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:** MAUDE SILVER

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:** P  
**Name:** SILVER, MAUDE  
**Address:** 2495 NW 187 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33029

**Title:** C  
**Name:** BRYAN, EDNA  
**Address:** 19445 NW 19 COURT  
**City-St-Zip:** MIAMI, FL 33056

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:** MAUDE SILVER

PRES

04/25/2010

Electronic Signature of Signing Officer or Director

Date