

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# N96000003286

Entity Name: ALL ABOUT ADOPTIONS, INC.

Current Principal Place of Business:

3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-3193831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRASS, MIKAL W ESQ
3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: MIKAL W. GRASS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRASS, MIKAL W
Address: 3132 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: ABRAMOWITZ, BENJAMIN
Address: 735 APOLLO CIR. N.E.
City-St-Zip: PALM BAY, FL 32937

Title: D () Delete
Name: REED, STUART ESQ
Address: 940 LINCOLN RD., #319
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: EISENSTEIN, NEAL ESQ
Address: 701 W. CYPRESS CREEK RD., #302
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: GORDON, BARRY
Address: 400 LESLIE DR, #422
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D () Change (X) Addition
Name: GRASS, MARLENE
Address: 400 LESLIE DRIVE, #430
City-St-Zip: HALLANDALE, FL 33009 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKAL W. GRASS

Electronic Signature of Signing Officer or Director

PRES

10/07/2009

Date