

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000015072

**FILED  
Jun 09, 2010  
Secretary of State**

**Entity Name:** ARLENE S. WALLACH, P.A.

**Current Principal Place of Business:**

15100 NW 67TH AVENUE  
SUITE 110  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15100 NW 67TH AVENUE  
SUITE 110  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 20-0652263      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FARAH, CARLOS M CPA  
999 PONCE DE LEON BLVD., #625  
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: CARLOS M. FARAH, CPA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: WALLACH, ARLENE S  
Address: 13335 SW 43 STREET  
City-St-Zip: DAVIE, FL 33330

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: ARLENE S. WALLACH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPST

06/09/2010

\_\_\_\_\_  
Date