

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000064870

**FILED**  
**Nov 23, 2011**  
**Secretary of State**

**Entity Name:** CEC2, INC.

**Current Principal Place of Business:**

2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2601 S. BAYSHORE DRIVE, SUITE 850  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Mailing Address:**

2601 S. BAYSHORE DRIVE, SUITE 850  
COCONUT GROVE, FL 33133

**FEI Number:** 20-2841681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARIN, CARLOS A P.A.  
2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

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

MELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE, SUITE 850  
COCONUT GROVE, FL 33133 US

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 A. MARIN, ESQ.

11/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVP  
Name: CAUSSA, CONRADO  
Address: 2320 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: ST  
Name: CAUSSA, CONRADO  
Address: 2320 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

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: CONRADO CAUSSA

DPVP

11/23/2011

Electronic Signature of Signing Officer or Director

Date