

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000005757

Entity Name: BEMALLI, INC

FILED  
Oct 19, 2009  
Secretary of State

**Current Principal Place of Business:**

15970 W STATE ROAD 84  
# 334  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

15970 W STATE ROAD 84  
# 334  
SUNRISE, FL 33326

**New Mailing Address:**

FEI Number: 26-1738327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MYOS FINANCIAL GROUP, INC  
2853 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 US

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

ACEVEDO & ASSOCIATES LLP  
6101 BLUE LAGOON DR  
SUITE 150  
MIAMI, FL 33126 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: ALVARO ACEVEDO

10/19/2009

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 ( ) Delete  
Name: GONZALEZ, VIRGELIZ  
Address: 1280 SW 82 TERRACE, # 114  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete  
Name: TORRES, MAURICIO  
Address: 15970 W STATE ROAD 84, # 230  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

SIGNATURE: MAURICIO TORRES

VP

10/19/2009

Electronic Signature of Signing Officer or Director

Date