

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000069139

Entity Name: SHOCOLAATE INC

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11041 LEGACY BLVD  
102  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

357 CYPRESS DRIVE  
2  
TEQUESTA, FL 33469

**Current Mailing Address:**

11041 LEGACY BLVD  
102  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 27-3314576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VIVES, CRISTINA  
11041 LEGACY BLVD  
102  
PALM BEACH GARDENS, FL 33410 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: CRISTINA VIVES

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VIVES, CRISTINA  
Address: 11041 LEGACY BLVD #102  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SEC  
Name: VIVES, CRISTINA  
Address: 11041 LEGACY BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TRES  
Name: VIVES, CRISTINA  
Address: 11041 LEGACY BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CRISTINA VIVES

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

P

11/30/2011

\_\_\_\_\_  
Date