

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000006134

Entity Name: A D MIRACLE, INC.

FILED
Sep 29, 2010
Secretary of State

Current Principal Place of Business:

9090 NW SOUTH RIVER DR
UNIT 12
MEDLEY, FL 331662125

New Principal Place of Business:

2483 W 80 ST.
HIALEAH, FL 33016

Current Mailing Address:

9090 NW SOUTH RIVER DR
UNIT 12
MEDLEY, FL 331662125

New Mailing Address:

2483 W 80 ST.
HIALEAH, FL 33016

FEI Number: 65-0806316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, PA
10520 N.W. 26ST STE C201
MIAMI, FL 33172 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: CABANAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CABANAS, JOSEPH F
Address: 10520 N.W. 26ST STE C201
City-St-Zip: DORAL, FL 33172

Title: PS
Name: CZAMANSKI, ELEONORA
Address: 2483 W 80 ST.
City-St-Zip: HIALEAH, FL 33016

Title: OM
Name: CZAMANSKI, LEON M
Address: 2483 W 80 ST
City-St-Zip: HIALEAH, FL 33016

Title: ADM
Name: SANDRA, BEHAR
Address: 2483 W 80 ST
City-St-Zip: HIALEAH, FL 33016

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: J CABANAS

D

09/29/2010

Electronic Signature of Signing Officer or Director

Date