## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N96000003286

Entity Name: ALL ABOUT ADOPTIONS, INC.

FILED Oct 20, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3132 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

3132 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

FEI Number: 59-3193831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GRASS, MIKAL W ESQ 3132 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 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: MIKAL W. GRASS

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: GRASS, MIKAL W

Address: 3132 PONCE DE LEON BLVD. City-St-Zip: CORAL GABLES, FL 33134

Title: D

Name: GOLD, TED

Address: 422 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title:

 Name:
 CHOW, NELLY

 Address:
 3899 NW 7TH STREET

 City-St-Zip:
 MIAMI, FL 33126 US

Title: D

Name: GRASS, NATALIE

Address: 1212 SOROLLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D

 Name:
 GRASS, MARLENE

 Address:
 400 LESLIE DRIVE, #430

 City-St-Zip:
 HALLANDALE, FL 33009 US

Title: [

 Name:
 GOLD, ROSA

 Address:
 422 GIRALDA AVENUE

 City-St-Zip:
 CORAL GABLES, FL 33134 US

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

SIGNATURE: MIKAL W. GRASS P 10/20/2010