

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 28, 2009  
Secretary of State**

DOCUMENT# G98330

Entity Name: MARIO PRATS JR. AND ASSOCIATES, INC.

**Current Principal Place of Business:**

52 SW 81 AVE  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

52 SW 81 AVE  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 59-2422685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PRATS, MARIO JR.  
300 S.W. 107 AVE  
214  
MIAMI, FL 33174 US

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

PRATS, MARIO JR.  
52 SW 81 AVENUE  
MIAMI, FL 33144 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: MARIO PRATS JR.      10/28/2009  
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: PRATS, DULCE I  
Address: 4010 S.W. 138 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: V ( ) Delete  
Name: PRATS, MARIO JR.  
Address: 4010 S.W. 138 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete  
Name: PRATS, VAZQUEZ DULCE  
Address: 8460 S.W. 92TH ST.  
City-St-Zip: MIAMI, FL 33184

Title: T ( ) Delete  
Name: PRATS, MARIO III  
Address: 10504 SW 4TH ST  
City-St-Zip: MIAMI, FL 33174

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

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

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

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: DULCE I. PRATS      P      10/28/2009  
Electronic Signature of Signing Officer or Director      Date