

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H08100

**FILED**  
**Apr 26, 2013**  
**Secretary of State**

**Entity Name:** ROBERT SIMON ENTERPRISES, INC.

**Current Principal Place of Business:**

6595 NOVA DR  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6595 NOVA DR  
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number:** 59-2419098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRISCUOLO, DONALD G  
801 NE 167TH ST 2ND FLR  
N. MIAMI BCH., FL 33162 US

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

GAINES, ARNOLD S  
221 E. OSCEOLA STREET  
STUART, FL 34994 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: ARNOLD S. GAINES

04/26/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SV  
Name: SIMON, ARLEEN  
Address: 10760 NW 7 CT  
City-St-Zip: PLANTATION, FL 33324

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: ARLEEN SIMON

SV

04/26/2013

Electronic Signature of Signing Officer or Director

Date