

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J41828

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** LE CHOCOLATIER OF FLORIDA, INC.

**Current Principal Place of Business:**

1840 NE 164TH ST.  
N. MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1840 NE 164TH ST.  
N. MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:** 59-2749728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARMOR, JOSEPH  
970 NE 175TH ST  
NORTH MIAMI BEACH, FL 33162 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:** JOSEPH MARMOR

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARMOR, JOSEPH  
**Address:** 970 NE 175TH ST  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** VP  
**Name:** MARMOR, MARLENE  
**Address:** 970 NE 175TH ST  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

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:** JOSEPH MARMOR

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

PRES

01/17/2012

\_\_\_\_\_  
Date