

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000040797

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: M & S BABY AND TEEN OF PALM BEACH, INC.

**Current Principal Place of Business:**

4833 OKEECHOBEE BLVD., BAY 106E  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

4833 OKEECHOBEE BLVD., BAY 106E  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 65-1016703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, MICHAEL  
4833 OKEECHOBEE BLVD., BAY 106E  
WEST PALM BEACH, FL 33417 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: MICHAEL COHEN

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: D ( ) Delete  
Name: COHEN, MICHAEL  
Address: 4833 OKEECHOBEE BLVD., BAY 106E  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V ( ) Delete  
Name: COHEN, SUZANNE  
Address: 4833 OKEECHOBEE BLVD #106  
City-St-Zip: WEST PALM BEACH, FL 33417

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

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 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: MICHAEL COHEN

Electronic Signature of Signing Officer or Director

PRES

04/11/2007

Date