

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000047090

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: OROSHNIK INVESTMENTS, INC.

## Current Principal Place of Business:

1820 BAY RD  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

2121 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES, FL 33134

## Current Mailing Address:

1820 BAY RD  
MIAMI BEACH, FL 33139

## New Mailing Address:

2121 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES, FL 33134

FEI Number: 65-1068006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OROSHNİK, MIRIAM  
5502 N.W. 37 AVENUE  
MIAMI, FL 33142 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: MIRIAM OROSHNIK

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: VPD ( ) Delete  
Name: OROSHNIK, SAMUEL  
Address: 1820 BAY RD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete  
Name: OROSHNIK, MIRIAM  
Address: 5502 N.W. 37 AVENUE  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: OROSHNIK, SAMUEL  
Address: 2121 PONCE DE LEON BLVD. , SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

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: SAMUEL OROSHNIK

VPD

04/28/2009

Electronic Signature of Signing Officer or Director

Date