

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000069663

Entity Name: SAMUEL M. YAFFA, P.A.

**FILED**  
**Nov 20, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

301 W. ATLANTIC AVE  
O-2  
DELRAY BEACH, FL 33444

## **New Principal Place of Business:**

301 W. ATLANTIC AVE  
SUITE O-2  
DELRAY BEACH, FL 33444 UN

## **Current Mailing Address:**

301 W. ATLANTIC AVE  
O-2  
DELRAY BEACH, FL 33444

## **New Mailing Address:**

301 W. ATLANTIC AVE  
SUITE O-2  
DELRAY BEACH, FL 33444

FEI Number: 65-1022617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YAFFA, SAMUEL M  
301 W. ATLANTIC AVE., SUITE O-2  
DELRAY BEACH, FL 33444 US

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

YAFFA, SAMUEL M  
301 W. ATLANTIC AVE.  
SUITE O-2  
DELRAY BEACH, FL 33444 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: SAMUEL YAFFA

11/20/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: YAFFA, SAMUEL M  
Address: 301 W. ATLANTIC AVE., SUITE O-2  
City-St-Zip: DELRAY BEACH, FL 33444

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: SAMUEL YAFFA

D

11/20/2014

Electronic Signature of Signing Officer or Director

Date