

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000038178

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Entity Name:** PARALEGAL SERVICES UNLIMITED INC

**Current Principal Place of Business:**

8135 NW 162 STREET  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8135 NW 162 STREET  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 65-1102373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIALLO, MARLENE  
8135 NW 162 STREET  
MIAMI LAKES, FL 33016 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:** MARLENE FIALLO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FIALLO, MARLENE  
**Address:** 8135 NW 162 STREET  
**City-St-Zip:** MIAMI LAKES, FL 33016

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:** MARLENE FIALLO

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

MRS.

07/25/2011

\_\_\_\_\_  
Date