

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000028678

**Entity Name:** J. DEL OLMO BRIDAL GALLERY, INC.

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

322 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

322 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 03-0073756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL OLMO, VIVIAN M  
322 MIRACLE MILE  
CORAL GABLES, FL 33134 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:** VIVIAN DEL OLMO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEL OLMO, JOAQUIN  
**Address:** 2630 SW 142 CT  
**City-St-Zip:** MIAMI, FL 33175

**Title:** VP  
**Name:** DEL OLMO, VIVIAN  
**Address:** 365 SW 31 RD  
**City-St-Zip:** MIAMI, FL 33129

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:** VIVIAN DEL OLMO

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

VP

10/08/2013

\_\_\_\_\_  
Date