

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000028912

**Entity Name:** HIALEAH EYE CARE, CORP.

**FILED**  
**Jul 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5370 PALM AVE SUITE 2  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

5370 PALM AVE SUITE 2  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 27-0004711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, JUAN  
5370 PALM AVE SUITE 2  
HIALEAH, FL 33012 US

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

MESA, DIEGO  
5370 PALM AVE SUITE 2  
HIALEAH, FL 33012 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: DIEGO MESA

07/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MESA, DIEGO (100%)  
Address: 5370 PALM AVE SUITE 2  
City-St-Zip: HIALEAH, FL 33012

Title: SD  
Name: MESA, JOSE  
Address: 5370 PALM AVE SUITE 2  
City-St-Zip: HIALEAH, FL 33012

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: DIEGO MESA

PD

07/02/2010

Electronic Signature of Signing Officer or Director

Date