

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000117313

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** SLATE MODEL & TALENT MANAGEMENT, INC.

**Current Principal Place of Business:**

431 E. CENTRAL BLVD.  
SUITE C  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

431 E. CENTRAL BLVD.  
SUITE C  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 81-0578814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORRELL, MICHELLE  
431 E. CENTRAL BLVD.  
SUITE C  
ORLANDO, FL 32801 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:** MICHELLE SORRELL

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: MS. ( ) Delete  
Name: SORRELL, MICHELLE  
Address: 3319 FLORENE DRIVE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** MICHELLE SORRELL

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date