

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000026818

Entity Name: SADIA CHOCRON, P.A.

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3301 NE 183 ST #1201  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

3201 NE 183 ST #2206  
AVENTURA, FL 33160 US

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR  
#415  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

FEI Number: 81-0601170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHOCRON, SADIA  
3301 NE 183 ST  
#1201  
AVENTURA, FL 33160 US

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

CHOCRON, SADIA  
3201 NE 183 STREET  
#2206  
AVENTURA, FL 33160 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: SADIA CHOCRON

Electronic Signature of Registered Agent

10/04/2010

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHOCRON, SADIA  
Address: 3201 NE 183 ST #2206  
City-St-Zip: AVENTURA, FL 33160 US

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: SADIA CHOCRON

Electronic Signature of Signing Officer or Director

P

10/04/2010

Date