

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

04 NOV 12 PM 12:56

DOCUMENT # P03000092297

1. Entity Name  
PRESSMAN SERVICES, INC.



Principal Place of Business

5221 GENEVA WAY  
#208  
MIAMI, FL 33166

Mailing Address

5221 GENEVA WAY  
#208  
MIAMI, FL 33166

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 04 TK



2. Principal Place of Business

9371 FOUNTAINEBLEAU BLVD

3. Mailing Address

4315 NW 7TH STREET

Suite, Apt. #, etc.

242

Suite, Apt. #, etc.

#12

11092004 REIN-P CR2E098 (6/04)

City & State

MIAMI FL

City & State

MIAMI FLORIDA

4. FEI Number

20-0174681

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELAYES, GONZALO  
5221 GENEVA WAY  
#208  
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
PELAYES, GONZALO  
5221 GENEVA WAY #208  
MIAMI, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000042870660 ☐ Change ☐ Addition  
11/18/04--01050--006 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gonzalo Pelayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALO PELAYES  
PRESIDENT

Date

(305) 461-1244

Daytime Phone #