

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000150524

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** PO CHI LAM TRAINING CENTER, INC.

**Current Principal Place of Business:**

7504 PEMBROKE ROAD  
MIRAMAR, FL 33023

**New Principal Place of Business:**

7185 PEMBROKE ROAD  
PEMBROKE PINES, FL 33023

**Current Mailing Address:**

8362 PINES BOULEVARD  
# 367  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 20-0482750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** NATALIA UTRERA, ESQ.

\_\_\_\_\_  
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:** PSTD  
**Name:** WILLIAMS, ARTURO G  
**Address:** 8362 PINES BOULEVARD, #367  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** ARTURO WILLIAMS

PSTD

02/11/2010

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

\_\_\_\_\_  
Date