

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000042721

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

**Entity Name:** SOCIAL SECURITY DISABILITY LAW FIRM P.A.

**Current Principal Place of Business:**

2301 W. SAMPLE RD.  
BLDG. 1, SUITE 4  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

801 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

2301 W. SAMPLE RD.  
BLDG. 1, SUITE 4  
POMPANO BEACH, FL 33073

**New Mailing Address:**

801 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

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

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

CORPORATE CREATIONS NETWORK INC.  
11380 PRSPERITY FARMS RD., #221-E  
PALM BEACH GARDENS, FL 33410    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: DIANA URREGO, SPECIAL SECRETARY

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:                      D                      ( ) Delete  
Name:                      BORGIA, CHRIS R  
Address:                      2301 W. SAMPLE RD., BLDG. 1, SUITE 4  
City-St-Zip:                      POMPANO BEACH, FL 33073

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

Title:                      D                      (X) Change ( ) Addition  
Name:                      BORGIA, CHRIS R  
Address:                      801 BRICKELL AVE., SUITE 900  
City-St-Zip:                      MIAMI, FL 33131

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: CHRIS R BORGIA

D

12/14/2009

Electronic Signature of Signing Officer or Director

Date