## 2013 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000083839

Entity Name: CLINIQUE 300, INC.

FILED Oct 30, 2013 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2707 N ANDREWS AVENUE 2630 N ANDREWS AVENUE WILTON MANNERS, FL 33311 WILTON MANNERS, FL 33311

Current Mailing Address: New Mailing Address:

3146 NORTHWEST 68 STREET 2630 N ANDREWS AVENUE SUITE 1 WILTON MANNERS, FL 33311 FORT LAUDERDALE, FL 33309

FEI Number: 65-0167934 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FANFAN, JOSEPH DR.
2707 N ANDREWS AVENUE
WILTON MANNERS, FL 33311 US
FANFAN, JOSEPH DR.
2630 N ANDREWS AVENUE
WILTON MANNERS, FL 33311 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: JOSEPH FANFAN JR MD 10/30/2013

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PCEO

Name: FANFAN, JOSEPH JR MD Address: 2630 N ANDREWS AVENUE City-St-Zip: WILTON MANNERS, FL 33311

Title: EVPS

Name: FANFAN, JOSEPH JR MD
Address: 2630 N ANDREWS AVENUE
City-St-Zip: WILTON MANNERS, FL 33311

Title: ESVP

 Name:
 FANFAN, KETLYNE L

 Address:
 2630 N ANDREWS AVENUE

 City-St-Zip:
 WILTON MANNERS, FL 33311

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: JOSEPH FANFAN JR MD EVP 10/30/2013