

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000125460

**Entity Name:** THOMAS A. DVORAK, INC.

**FILED**  
**Sep 03, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4812 NE 23 AVE.  
#1  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4812 NE 23 AVE.  
#1  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 42-1643799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DVORAK, THOMAS W  
633 SOUTH ANDREWS AVE.  
402  
FORT LAUDERDALE, FL 33301 US

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

DVORAK, THOMAS A  
4812 NE 23 AVE  
1  
FORT LAUDERDALE, FL 33308 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: THOMAS A DVORAK

09/03/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: DVORAK, THOMAS A  
Address: 4812 NE 23 AVE. #1  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: THOMAS A DVORAK

P

09/03/2013

Electronic Signature of Signing Officer or Director

Date