

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000049837

Entity Name: BRACES FOR US, INC.

**FILED**  
**Feb 26, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1620 SW BAYSHORE BLVD.  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1620 SW BAYSHORE BLVD.  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 01-0834179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DECAMBRE, MARTINE A D.D.S.  
1620 SW BAYSHORE BLVD.  
PORT ST. LUCIE, FL 34984 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: MARTINE DECAMBRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DECAMBRE, MARTINE A D.D.S.  
Address: 1620 SW BAYSHORE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34984

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: MARTINE DECAMBRE

CEO

02/26/2014

Electronic Signature of Signing Officer or Director

Date