

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000080067

**FILED**  
**Mar 29, 2013**  
**Secretary of State**

**Entity Name:** GUSTAVO A. STRALLNIKOFF, PA

**Current Principal Place of Business:**

18090 COLLINS AVE  
T17-74  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18090 COLLINS AVE  
T17-74  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 20-2961252      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STRALLNIKOFF, GUSTAVO A  
18090 COLLINS AVE  
T17-74  
SUNNY ISLES BEACH, FL 33160 US

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

STRALLNIKOFF, GUSTAVO A  
15901 COLLINS AVE  
3605  
SUNNY ISLES BEACH, FL 33160 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: GUSTAVO STRALLNIKOFF

03/29/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STRALLNIKOFF, GUSTAVO A  
Address: 15901 COLLINS AVE, # 3605  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: GUSTAVO STRALLNIKOFF

PD

03/29/2013

Electronic Signature of Signing Officer or Director

Date