

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000129915

Entity Name: ELIEZER ABOHAZIRA, P.A.

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

4164 INVERRARY DR. #312
LAUDERHILL, FL 33319 US

New Principal Place of Business:

18090 COLLINS AV
T-17/121
SUNNY ISLES, FL 33160 US

Current Mailing Address:

4164 INVERRARY DR. #312
LAUDERHILL, FL 33319 US

New Mailing Address:

18090 COLLINS AV
T-17/121
SUNNY ISLES, FL 33160 US

FEI Number: 20-3502294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABOHAZIRA, ELIEZER
901 NE 5TH ST
HALLANDALE, FL 33009 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: ELIEZER ABOHAZIRA

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: P () Delete
Name: ABOHAZIRA, ELIEZER
Address: 901 NE 5TH ST
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ABOHAZIRA

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date