

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000021269

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** ROBERT BARBARITO REIUMONT NOVOA, PSY.D., INC.

**Current Principal Place of Business:**

2001 BISCAYNE BOULEVARD  
2111  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

2001 BISCAYNE BOULEVARD  
2111  
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number:** 20-4223269      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ, ROBERT B  
2001 BISCAYNE BOULEVARD  
2111  
MIAMI, FL 33137 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:** ROBERT B HERNANDEZ

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:** PRES ( ) Delete  
**Name:** HERNANDEZ, ROBERT B  
**Address:** 2001 BISCAYNE BOULEVARD #2111  
**City-St-Zip:** MIAMI, FL 33137

**Title:** VP ( ) Delete  
**Name:** CRUZ, MARIA M  
**Address:** 4061 EAST 10TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

**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:** ROBERT B HERNANDEZ

Electronic Signature of Signing Officer or Director

PRES

10/04/2007

Date