## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000025941

Entity Name: PIERRE M. AUGUSTIN, INC.

FILED Nov 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6736 N UNIVERSITY DR 4249 N. STATE RD 7

TAMARAC, FL 33321 LAUDERDALE LAKES, FL 33319

**Current Mailing Address: New Mailing Address:** 

6736 N UNIVERSITY DR 4249 N. STATE RD 7

TAMARAC, FL 33321 LAUDERDALE LAKES, FL 33319

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

AUGUSTIN, PIEERE M AUGUSTIN, PIEERE M 6736 N UNIVERSITY DR 4249 N. STATE RD 7

LAUDERDALE LAKES, FL 33319 US TAMARAC, FL 33321

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: AUGUSTIN PIERRE 11/09/2007

> 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 ( ). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: **PVST** 

Title: **PVST** () Delete (X) Change ( ) Addition AUGUSTIN, PIERRE M AUGUSTIN, PIERRE M Name: Name: 6736 N UNIVERSITY DR 4249 N. STATE RD 7 Address: Address:

City-St-Zip: TAMARAC, FL 33321 City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: () Delete Title: VST ( ) Change (X) Addition DESSAMOURS, CLEANTA Name: Name:

Address: Address: 4249 N. STATE RD 7 LAUDERDALE LAKES, FL 33319 City-St-Zip: 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: AUGUSTIN **PRES** 11/09/2007

Electronic Signature of Signing Officer or Director

Date