

09/09/2008 TUE 17:15 FAX

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**2008 FOR PROFIT CORPORATION
REINSTATEMENT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000027120			
1. Entity Name PLASMAVISION CORPORATION			
Principal Place of Business 7387 NW 54TH STREET MIAMI, FL 33166 US		Mailing Address 7387 NW 54TH STREET MIAMI, FL 33166 US	
2. Principal Place of Business - No P.O. Box # 7570 NW 14 ST		3. Mailing Address 7570 NW 14 ST	
Suite, Apt. #, etc. Suite 112		Suite, Apt. #, etc. Suite 112	
City & State Miami FL		City & State Miami FL	
Zip 33126	Country US	Zip 33126	Country US
4. FEI Number 204383607		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		09092008 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent JARAMILLO, MARIA TERESA 7387 NW 54TH STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Walter Mackelburg Street Address (P.O. Box Number is Not Acceptable) 10074 Bennington Chase Drive City Orlando FL Zip Code 32829	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Walter Mackelburg</u> (Signature of hybrid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ROSARIO 7387 NW 54TH STREET MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maria Teresa Jaramillo 7570 NW 14 ST STE 112 Miami FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Walter Mackelburg 10074 Bennington Chase Drive Orlando FL 32829 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Alejandra Marin 7570 NW 14 ST STE 112 Miami FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Juan Pablo Marin 7570 NW 14 ST STE 112 Miami FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Maria Jaramillo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ (Signature/Phone #)	

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Division of Corporations

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From:

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Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

PLASMAVISION CORPORATION

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