2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000095813

Entity Name: NELSON ALFARO, P.A.

FILED Oct 23, 2009 Secretary of State

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

3650 N.W. 82ND AVENUE 2100 PONCE DE LEON BLVD.

SUITE 403 SUITE 1180

DORAL, FL 33166 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

3650 N.W. 82ND AVENUE 2100 PONCE DE LEON BLVD.

SUITE 1180

DORAL, FL 33166 US CORAL GABLES, FL 33134 US

FEI Number: 20-5239901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALFARO, NESON

3650 N.W. 82ND AVENUE

SUITE 403

DODAL EL 33166 LIS

ALFARO, NESON

2100 PONCE DE LEON BLVD.

SUITE 1180

CORAL CARLES EL 33134 LIS

DORAL, FL 33166 US CORAL GABLES, FL 33134 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: NELSON ALFARO 10/23/2009

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 ().

election campaign Financing Trust Fund Contribution ().

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

Title: P () Delete Title: P (X) Change () Addition

Name: ALFARO, NELSON Name: ALFARO, NELSON

Address: 3650 N.W. 82ND AVENUE SUITE 403 Address: 2100 PONCE DE LEON BLVD. SUITE 1180

City-St-Zip: DORAL, FL 3166 City-St-Zip: CORAL GABLES, FL 33134

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: NELSON ALFARO P 10/23/2009

Electronic Signature of Signing Officer or Director

Date