2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# P07000011599

Entity Name: GLORIA ARIAS, P.A.

Current Principal Place of Business:

966 AZURE LN.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

966 AZURE LN.
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-8317843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIAS, GLORIA E
966 AZURE LN.
WESTON, FL 33326 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: GLORIA E ARIAS

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: ARIAS, GLORIA E
Address: 966 AZURE LN.
City-St-Zip: WESTON, FL 33326

Title: TRES ( ) Delete
Name: JARAMILLO, CARLOS
Address: 966 AZURE LN.
City-St-Zip: WESTON, FL 33326

Title: SECT ( ) Delete
Name: JARAMILLO, MANUELA
Address: 966 AZURE LN.
City-St-Zip: WESTON, FL 33326

Title: DIR ( ) Delete
Name: ARIAS, GLORIA E
Address: 966 AZURE LN.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GLORAE ARIAS PD 09/30/2009

Electronic Signature of Signing Officer or Director Date