2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# P07000031054

Entity Name: NORIVETTE ESCOBAR, PA

Current Principal Place of Business:

2845 SAND ARBOR CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

13427 FAIRWAY GLEN DR.
102
ORLANDO, FL 32824

Current Mailing Address:

2845 SAND ARBOR CIRCLE
ORLANDO, FL 32824

New Mailing Address:

13427 FAIRWAY GLEN DR.
102
ORLANDO, FL 32824

FEI Number: 20-8633870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESCOBAR, NORIVETTE
2845 SAND ARBOR CIRCLE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

ESCOBAR, NORIVETTE
13427 FAIRWAY GLEN DR.
102
ORLANDO, FL 32824 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: NORIVETTE ESCOBAR P.A. 02/20/2009
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 ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESCOBAR, NORIVETTE
Address: 2845 SAND ARBOR CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: VP ( ) Delete
Name: ESCOBAR, DANIEL
Address: 2845 SAND ARBOR CIRLCE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESCOBAR, NORIVETTE
Address: 13427 FAIRWAY GLEN DR. APT 102
City-St-Zip: ORLANDO, FL 32824

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: NORIVETTE ESCOBAR P.A. P 02/20/2009
Electronic Signature of Signing Officer or Director Date