

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000032956

Entity Name: MISHENERE , INC.

**FILED**  
**Mar 27, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

8103 S PALM DR  
SUITE 239  
PEMBROKE PINES, FL 33025

## **New Principal Place of Business:**

1450 NORTH EAST 170 STREET  
SUITE 107  
NORTH MIAMI BEACH, FL 33162

## **Current Mailing Address:**

8103 S PALM DR  
SUITE 239  
PEMBROKE PINES, FL 33025

## **New Mailing Address:**

1450 NORTH EAST 170 STREET  
SUITE 107  
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-8642351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

BRIGGS, MARCELLA A  
8103 S PALM DR  
SUITE 239  
PEMBROKE PINES, FL 33025 US

## **Name and Address of New Registered Agent:**

BRIGGS, MARCELLA A  
1450 NORTH EAST 170 STREET  
SUITE 107  
NORTH MIAMI BEACH, FL 33162 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: MARCELLA BRIGGS

03/27/2013

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: BRIGGS, MARCELLA A  
Address: 1450 NORTH EAST 170 STREET SUITE 107  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: MARCELLA BRIGGS

P

03/27/2013

Electronic Signature of Signing Officer or Director

Date