2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000063347

Entity Name: JOSHUA SHEM-TOV. P.A.

SHEMTOV, JOSHUA

700 NE 90TH STREET

MIAMI, FL 33138 US

Name:

Address:

City-St-Zip:

FILED Sep 18, 2009 Secretary of State

		11EW 10 V, 1 .7 V.		
Current Principal Place of Business:			New Principal Place of Business:	
700 NE 90 MIAMI, FL	TH STREET 33138 US			
Current Mailing Address:			New Mailing Address:	
700 NE 90 MIAMI, FL	TH STREET 33138 US			
FEI Number	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
700 NE 90 MIAMI, FL		hmits this statement for the r	ournose of changing its registered	l office or registered agent, or both,
	e of Florida.	billits this statement for the p	ourpose of changing its registered	ronice of registered agent, or both,
SIGNATUI	RE: JOSHUA S	HEMTOV		
	Electronic	Signature of Registered Age	ent	Date
	•	2)(b), F.S., the corporation did no	ot receive the prior notice.	
	S AND DIRECT	` '	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () C SHEMTOV, JOSH 700 NE 90TH STF MIAMI, FL 33138	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	PRES () D SHEMTOV, JOSH 700 NE 90TH STF MIAMI, FL 33138	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC () C SHEMTOV, JOSH 700 NE 90TH STF MIAMI, FL 33138	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	TREA ()D	elete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSHUA SHEMTOV PRES 09/18/2009