

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000069869

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** MONICA TORRES P.A.

**Current Principal Place of Business:**

3201 N.E. 183RD STREET  
APT. #2201  
AVENTURA, FL 33160

**New Principal Place of Business:**

20533 BISCAYNE BLVD.  
4-559  
AVENTURA, FL 33180

**Current Mailing Address:**

3201 N.E. 183RD STREET  
APT. #2201  
AVENTURA, FL 33160

**New Mailing Address:**

20533 BISCAYNE BLVD.  
4-559  
AVENTURA, FL 33180

**FEI Number:** 26-0404828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TORRES, MONICA  
3201 N.E. 183RD STREET  
APT. #2201  
AVENTURA, FL 33160 US

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

TORRES, MONICA  
20533 BISCAYNE BLVD.  
4-559  
AVENTURA, FL 33180 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: MONICA TORRES

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TORRES, MONICA  
Address: 2033 BISCAYNE BLVD. SUITE 4-559  
City-St-Zip: AVENTURA, FL 33180

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: MONICA TORRES

DIR

03/13/2012

Electronic Signature of Signing Officer or Director

Date