

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000124203

FILED  
Jul 21, 2009  
Secretary of State

Entity Name: PT CHEMICAL CONSULTING SERVICES INC.

## Current Principal Place of Business:

6141 NW 115 PLACE, #359  
DORAL, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

6141 NW 115 PLACE, #359  
DORAL, FL 33178

## New Mailing Address:

1900 NORTH BAY SHORE DRIVE  
APT. 4702  
MIAMI, FL 33132

FEI Number: 26-1487832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.  
20 N. LAURA ST., STE. 2200  
ATTN: MICHAEL E. GOODBREAD, JR.  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

FOWLER WHITE BOGGS P.A.  
20 N. LAURA ST., STE. 2800  
ATTN: MICHAEL E. GOODBREAD, JR.  
JACKSONVILLE, FL 32202 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: MICHAEL E. GOODBREAD, JR.

07/21/2009

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: TORRES, PAOLA  
Address: 6141 NW 115 PLACE, #359  
City-St-Zip: DORAL, FL 33178

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: PAOLA TORRES

P

07/21/2009

Electronic Signature of Signing Officer or Director

Date