

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000071639

**FILED**  
**Dec 12, 2012**  
**Secretary of State**

**Entity Name:** MINERVA STRUM, P.A.

**Current Principal Place of Business:**

15970 W SR 84 #234  
SUNRISE, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

15970 W SR 84 #234  
SUNRISE, FL 33326 US

**New Mailing Address:**

**FEI Number:** 26-3082304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRUM, MINERVA  
15970 W SR 84 #234  
SUNRISE, FL 33326 US

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

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:** MINERVA STRUM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MRS.  
**Name:** STRUM, MINERVA  
**Address:** 15970 W SR 84 #234  
**City-St-Zip:** SUNRISE, FL 33326 US

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:** MINERVA STRUM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

12/12/2012

\_\_\_\_\_  
Date