

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000028702

Entity Name: CHIRINO SAID-ART, INC.

**FILED**  
**Feb 17, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1445 MARSELLE DRIVE  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

524 89TH STREET  
SURFSIDE, FL 33154 US

**Current Mailing Address:**

1445 MARSELLE DRIVE  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

524 89TH STREET  
SURFSIDE, FL 33154 US

FEI Number: 26-4582224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHIRINO, EDUARDO  
1445 MARSELLE DRIVE  
MIAMI BEACH, FL 33141 US

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

CHIRINO, EDUARDO  
524 89TH STREET  
SURFSIDE, FL 33154 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: JAIME E CHIRINO SAID

02/17/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHIRINO, EDUARDO  
Address: 524 89TH STREET  
City-St-Zip: SURFSIDE, FL 33154 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: JAIME E CHIRINO SAID

OWNE

02/17/2014

Electronic Signature of Signing Officer or Director

Date