

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000002427

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** LUIS HOFFMANN P.A.

**Current Principal Place of Business:**

650 WEST AVE.  
2209  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

770 NE 69 ST  
2E  
MIAMI, FL 33138

**Current Mailing Address:**

650 WEST AVE.  
2209  
MIAMI BEACH, FL 33139

**New Mailing Address:**

770 NE 69 ST  
2E  
MIAMI, FL 33138

**FEI Number:** 27-1657228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMANN, LUIS A  
650 WEST AVE.  
2209  
MIAMI BEACH, FL 33139 US

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

KARROUM, MONICA  
3215 NE 184 ST.  
14-205  
AVENTURA, FL 33160 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 KARROM

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOFFMANN, LUIS A  
Address: 770 NE 69 ST #2E  
City-St-Zip: MIAMI, FL 33138

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: LUIS HOFFMANN

P

03/08/2012

Electronic Signature of Signing Officer or Director

Date