

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000059030

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Entity Name:** WALDEMAR CARRASQUERO & ASSOCIATES, INC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE SUITE 501  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE SUITE 501  
CORAL GABLES, FL 33134

**New Mailing Address:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134

**FEI Number:** 80-0634785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRASQUERO, WALDEMAR  
201 ALHAMBRA CIRCLE SUITE 501  
CORAL GABLES, FL 33134 US

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

CARRASQUERO, WALDEMAR  
201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 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: WALDEMAR CARRASQUERO

05/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARRASQUERO, WALDEMAR  
Address: 201 ALHAMBRA CIRCLE SUITE 501  
City-St-Zip: CORAL GABLES, FL 33134

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: WALDEMAR CARRASQUERO, OFFICER

D

05/24/2012

Electronic Signature of Signing Officer or Director

Date