

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000084542

**FILED**  
**Jul 28, 2013**  
**Secretary of State**

**Entity Name:** SALVATORE A. PILATO D.C. P.A.

**Current Principal Place of Business:**

100 GOLDEN ISLES DRIVE  
PH-11  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

100 NE 6TH ST  
402  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

100 GOLDEN ISLES DRIVE  
PH-11  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

100 NE 6TH ST  
402  
BOYNTON BEACH, FL 33435

**FEI Number:** 27-3695892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PILATO, SALVATORE A  
100 GOLDEN ISLES DRIVE  
PH-11  
HALLANDALE BEACH, FL 33009 US

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

PILATO, SALVATORE A  
100 NE 6TH ST  
402  
BOYNTON BEACH, FL 33435 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:** SALVATORE A PILATO

07/28/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** PILATO, SALVATORE A  
**Address:** 100 NE 6TH ST #402  
**City-St-Zip:** BOYNTON BEACH, FL 33435 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:** SALVATORE A PILATO

PRES

07/28/2013

Electronic Signature of Signing Officer or Director

Date