

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000089121

**FILED**  
**Feb 18, 2013**  
**Secretary of State**

**Entity Name:** AMERICAN MUSCLE SUPPLY, INC.

**Current Principal Place of Business:**

8245 N. BAYSHORE DRIVE  
MIAMI, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

8245 N. BAYSHORE DRIVE  
MIAMI, FL 33138 US

**New Mailing Address:**

**FEI Number:** 27-3841103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, MICHELLE L  
8245 N. BAYSHORE DRIVE  
MIAMI, FL 33138 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:** MICHELLE DIAZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DIAZ, MICHELLE L  
**Address:** 8245 N. BAYSHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33138 US

**Title:** S  
**Name:** DIAZ, MICHELLE L  
**Address:** 8245 N. BAYSHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33138 US

**Title:** T  
**Name:** DIAZ, MICHELLE L  
**Address:** 8245 N. BAYSHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33138 US

**Title:** D  
**Name:** DIAZ, MICHELLE L  
**Address:** 8245 N. BAYSHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33138 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:** MICHELLE DIAZ

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

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02/18/2013

\_\_\_\_\_  
Date