

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000034938

**FILED**  
**Mar 14, 2014**  
**Secretary of State**

**Entity Name:** PAMELA HATCHER CONSULTING INC.

**Current Principal Place of Business:**

2520 E SUPERIOR STREET  
MIAMI, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

2520 E SUPERIOR STREET  
MIAMI, FL 33054 US

**New Mailing Address:**

**FEI Number:** 37-1633743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORPHE, JOHN D  
4952 NW 7TH AVE  
MIAMI, FL 33127 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:** JOHN ORPHE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CFO  
**Name:** HATCHER, PAMELA  
**Address:** 2520 E SUPERIOR STREET  
**City-St-Zip:** MIAMI, FL 33054

**Title:** CEO  
**Name:** HATCHER, PAMELA  
**Address:** 2520 E SUPERIOR STREET  
**City-St-Zip:** MIAMI, FL 33054

**Title:** P  
**Name:** HATCHER, PAMELA  
**Address:** 2520 E SUPERIOR STREET  
**City-St-Zip:** MIAMI, FL 33054 US

**Title:** T  
**Name:** HATCHER, PAMELA  
**Address:** 2520 E SUPERIOR STREET  
**City-St-Zip:** MIAMI, FL 33054 US

**Title:** S  
**Name:** HATCHER, PAMELA  
**Address:** 2520 E SUPERIOR STREET  
**City-St-Zip:** MIAMI, FL 33054 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:** PAMELA HATCHER

CFO

03/14/2014

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

\_\_\_\_\_  
Date