

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000047500

**FILED**  
**Apr 08, 2014**  
**Secretary of State**

**Entity Name:** ROBERTO E. MORALES P.A.

**Current Principal Place of Business:**

247 S W 8TH ST #437  
MIAMI, FL 33130

**New Principal Place of Business:**

19501 W COUNTRY CLUB DR.  
413  
AVENTURA, FL 33180

**Current Mailing Address:**

247 S W 8TH ST #437  
MIAMI, FL 33130

**New Mailing Address:**

19501 W COUNTRY CLUB DR.  
413  
AVENTURA, FL 33180

**FEI Number:** 45-2385889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORALES, ROBERTO E  
247 S W 8TH ST #437  
MIAMI, FL 33130 US

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

MORALES, ROBERTO E  
19501 W COUNTRY CLUB DR.  
413  
AVENTURA, FL 33180 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:** ROBERTO E MORALES

04/08/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MORALES, ROBERTO E  
**Address:** 19501 W COUNTRY CLUB DR # 413  
**City-St-Zip:** AVENTURA, FL 33180

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:** ROBERTO E MORALES

PD

04/08/2014

Electronic Signature of Signing Officer or Director

Date