

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000056249

Entity Name: SANDRITA 906 CORP

**FILED**  
**Apr 22, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

18100 NORTH BAY RD  
906  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18100 NORTH BAY RD  
906  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 45-2550073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLAIN, RIWA  
18100 NORTH BAY RD  
906  
SUNNY ISLES, FL 33160 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: RIWA KLAIN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KUSHNER, ISNAEL  
Address: 18100 NORTH BAY RD 906  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP  
Name: KLAIN, RIWA  
Address: 18100 NORTH BAY RD 906  
City-St-Zip: SUNNY ISLES, FL 33160

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: ISNAEL KUSHNER

P

04/22/2014

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

\_\_\_\_\_  
Date