

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000109095

**FILED**  
**Nov 19, 2013**  
**Secretary of State**

**Entity Name:** MELISSA D. LAZARCHICK, P.A.

**Current Principal Place of Business:**

120 SOUTH OLIVE AVENUE  
504  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 SOUTH OLIVE AVENUE  
504  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 45-4122970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAZARCHICK, MELISSA D  
120 SOUTH OLIVE AVENUE  
504  
WEST PALM BEACH, FL 33401 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:** MELISSA LAZARCHICK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAZARCHICK, MELISSA D  
**Address:** 120 SOUTH OLIVE AVENUE, SUITE 504  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US

**Title:** S  
**Name:** LAZARCHICK, MELISSA D  
**Address:** 120 SOUTH OLIVE, SUITE 504  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US

**Title:** T  
**Name:** LAZARCHICK, MELISSA D  
**Address:** 120 SOUTH OLIVE, SUITE 504  
**City-St-Zip:** WEST PALM BEACH, FL 33401 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:** MELISSA LAZARCHICK

PRES

11/19/2013

Electronic Signature of Signing Officer or Director

Date