

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000054677

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** ACTORS LAB INCORPORATED

**Current Principal Place of Business:**

125 NE 17TH STREET  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

455 NE FIFTH AVENUE, STE. D122  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

125 NE 17TH STREET  
DELRAY BEACH, FL 33444

**New Mailing Address:**

455 NE FIFTH AVENUE, STE. D122  
DELRAY BEACH, FL 33483

**FEI Number:** 45-5608793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLONIM, SHERRY F  
125 NE 17TH STREET  
DELRAY BEACH, FL 33444 US

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

FISHMAN, GREGORY R  
2750 NE 185 STREET, STE. 204  
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: GREGORY R. FISHMAN

10/01/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SLONIM, SHERRY F  
Address: 455 NE FIFTH AVENUE, STE. D122  
City-St-Zip: DELRAY BEACH, FL 33483

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: SHERRY F. SLONIM

P

10/01/2014

Electronic Signature of Signing Officer or Director

Date