

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000062830

**Entity Name:** HOLY SCHNITZEL INC

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

16001 COLLINS AVE  
APT 1207  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16001 COLLINS AVE  
APT 1207  
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** 45-0596049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORLEE, ARFI  
16001 COLLINS AVE  
APT 1207  
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:** ORLEE ARFI

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ORLEE, ARFI  
**Address:** 16001 COLLINS AVE  
**City-St-Zip:** SUNNY ISLES, FL 33160 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:** ORLEE ARFI

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

PR

10/07/2013

\_\_\_\_\_  
Date