

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000033401

**FILED**  
**Nov 13, 2014**  
**Secretary of State**

**Entity Name:** CAMPOS PROFESSIONAL SERVICES INC

**Current Principal Place of Business:**

6800 NW 39TH AVE APT 69  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

4120 NE 12 AVE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

6800 NW 39TH AVE APT 69  
COCONUT CREEK, FL 33073

**New Mailing Address:**

4120 NE 12 AVE  
POMPANO BEACH, FL 33064

**FEI Number:** 46-2533988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERREIRA CAMPOS, ELIANA D  
6800 NW 39TH AVE APT 69  
COCONUT CREEK, FL 33073 US

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

CAMPOS, ELIANA  
4120 NE 12 AVE  
POMPANO BEACH, FL 33064 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: ELIANA CAMPOS

11/13/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPOS, ELIANA  
Address: 4120 NE 12 AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP  
Name: CAMPOS, PAULO R  
Address: 4120 NE 12 AVE  
City-St-Zip: POMPANO BEACH, FL 33064

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: ELIANA CAMPOS

P

11/13/2014

Electronic Signature of Signing Officer or Director

Date