

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000099353

FILED
Oct 09, 2014
Secretary of State

Entity Name: ISMILE BY DR SONIA OLIVARES CORP

Current Principal Place of Business:

8353 NW 36 STREET
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8353 NW 36 STREET
DORAL, FL 33166

New Mailing Address:

FEI Number: 46-4278917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVARES, SONIA
8353 NW 36 STREET
DORAL, FL 33166 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: DR SONIA OLIVARES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O
Name: OLIVARES, SONIA
Address: 8353 NW 36 STREET
City-St-Zip: DORAL, FL 33166

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: DR OLIVARES

Electronic Signature of Signing Officer or Director

O

10/09/2014

Date