

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000025477

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF RAY RODRIGUEZ, P.A.

**Current Principal Place of Business:**

999 PONCE DEL LEON BLVD  
SUITE# 500  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

999 PONCE DEL LEON BLVD  
SUITE# 500  
CORAL GABLES, FL 33134 UN

**Current Mailing Address:**

999 PONCE DEL LEON BLVD  
SUITE# 500  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0672889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, REINALDO  
999 PONCE DE LEON BLVD.  
#500  
MIAMI, FL 33134 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: RAY RODRIGUEZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: RODRIGUEZ, REINALDO  
Address: 999 PONCE DEL LEON BLVD #500  
City-St-Zip: MIAMI, FL 33134

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: RAY RODRIGUEZ

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

PRES

10/10/2013

\_\_\_\_\_  
Date