

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000063801

**Entity Name:** POLLAK FAMILY CORP.

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O 235 ALTARA AVENUE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

235 ALTARA AVENUE  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0703217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HELLINGER, ANDREW B  
235 ALTARA AVENUE  
CORAL GABLES, FL 33146 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: ANDREW HELLINGER

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POLLAK, HARVEY B  
Address: 675 S.W. 12TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: V  
Name: POLLAK, TERESA  
Address: 675 S.W. 12TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

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: HARVEY POLLAK

P

10/18/2011

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

\_\_\_\_\_  
Date