

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000044099	
1. Entity Name COTTON BAY ADVISORY SERVICES, INC.	

FILED

09 MAR 10 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 825 BRICKELL BAY DR TOWER 3 STE 1548 MIAMI, FL 33131	Mailing Address 304 PALERMO AVE CORAL GABLES, FL 33134
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 65-0759906	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARMIENTO, SONIA 825 BRICKELL BAY DR TOWER III STE 1548 MIAMI, FL 33131	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SARMIENTO, SONIA 304 PALERMO AVE CORAL GABLES, FL 33134 <i>1011 Brickell Ave Suite 1101 Miami, FL 33131</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1011 Brickell Ave Suite 1101 Miami, FL 33131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Miami, FL 33131</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19/09

305.898.9455

Date Daytime Phone #