

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000018891

**FILED**  
**Oct 26, 2012**  
**Secretary of State**

**Entity Name:** ANTIBEES INTERNATIONAL, INC.

**Current Principal Place of Business:**

WILLIAM H ALBORNOZ, P.A.  
901 PONCE DE LEON BLVD SUITE 603  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD SUITE 603  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0829816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBORNOXZ, WILLIAM H P.A.  
901 PONCE DE LEON BLVD SUITE 603  
CORAL GABLES, 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:** WILLIAM H. ALBORNOZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BIERLEIN, MICHAEL  
**Address:** 901 PONCE DE LEON BLVD STE 603  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** DE BIERLEIN, ELIZABETH  
**Address:** 901 PONCE DE LEON BLVD STE 603  
**City-St-Zip:** CORAL GABLES, 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:** MICHAEL BIERLEIN

D

10/26/2012

Electronic Signature of Signing Officer or Director

Date