## 2014 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000060505

Entity Name: FLORIDA SANITAS, INC.

FILED Oct 02, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2250 NW 136 AVE 2893 EXECUTIVE PARK DRIVE

100 201

PEMBROKE PINES, FL 33028 US WESTON, FL 33331 US

Current Mailing Address: New Mailing Address:

2250 NW 136 AVE 2893 EXECUTIVE PARK DRIVE

100 201

PEMBROKE PINES, FL 33028 US WESTON, FL 33331 US

FEI Number: 65-0872903 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VILLAFANE, GERARDO
2250 NW 136 AVE
VILLAFANE, GERARDO
2893 EXECUTIVE PARK DRIVE

100 201 PEMBROKE PINES, FL 33138 US WESTON, FL 33331 US

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: GERARDO VILLAFANE 10/02/2014

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: FONSECA, FERNANDO

Address: 2893 EXECUTIVE PARK DRIVE SUITE 201

City-St-Zip: WESTON, FL 33331 US

Title: V

Name: DEL CASTILLO, JOSE MARIA

Address: 2893 EXECUTIVE PARK DRIVE SUITE 201

City-St-Zip: WESTON, FL 33331 US

Title: V

Name: HARB, FRANK

Address: 2893 EXECUTIVE PARK DRIVE SUITE 201

City-St-Zip: WESTON, FL 33331 US

Title: \

Name: VILLAFANE, GERARDO

Address: 2893 EXECUTIVE PARK DRIVE SUITE 201

City-St-Zip: WESTON, FL 33331 US

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: GERARDO VILLAFANE V 10/02/2014