

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000094364

Entity Name: BORMAR AGENCY, CORP.

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

691 NORTH ATATE ROAD7
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

19545 NW 2 AVE
MIAMI GARDENS, FL 33169 US

Current Mailing Address:

691 NORTH STATE ROAD7
HOLLYWOOD, FL 33021 US

New Mailing Address:

19545 NW 2 AVE
MIAMI GARDENS, FL 33169 US

FEI Number: 65-0872567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, GILLES
691 NORTH STATE ROAD7
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

ABEL, GILLES
19545 NW 2 AVE
MIAMI GARDENS, FL 33169 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: ABEL GILLES

10/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLES, ABEL
Address: 691 NORTH STATE ROAD7
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP () Delete
Name: GILLES, MARIE S
Address: 691 NORTH STATE ROAD7
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILLES, ABEL
Address: 19545 NW 2 AVE
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP (X) Change () Addition
Name: GILLES, MARIE S
Address: 19545 NW 2 AVE
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ABEL GILLES

D

10/08/2009

Electronic Signature of Signing Officer or Director

Date