

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000027619

Entity Name: BONNIE WILSKER, P.A.

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

9201 SUNRISE LAKES BLVD., #106  
SUNRISE, FL 33322

**New Principal Place of Business:**

9201 SUNRISE LAKES BLVD., #106  
SUNRISE, FL 33322 US

**Current Mailing Address:**

9201 SUNRISE LAKES BLVD., #106  
SUNRISE, FL 33322

**New Mailing Address:**

9201 SUNRISE LAKES BLVD., #106  
SUNRISE, FL 33322 US

FEI Number: 65-0910861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSKER, BONNIE  
9201 SUNRISE LAKES BLVD., #106  
SUNRISE, FL 33322 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: BONNIE WILSKER

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILSKER, BONNIE  
Address: 9201 SUNRISE LAKES BLVD., #106  
City-St-Zip: SUNRISE, FL 33322

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: BONNIE WILSKER

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

PRES

10/15/2013

\_\_\_\_\_  
Date