# SIGNATURE: LOURDES NIEVES

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

# DOCUMENT# P15000088263

Entity Name: LOURDES NIEVES P.A.

### **Current Principal Place of Business:**

4595 A SW 139 CT # A MIAMI, FL 33175

### **Current Mailing Address:**

4595 A SW 139 CT # A MIAMI, FL 33175

### FEI Number: 47-5457699

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

NIEVES, LOURDES 4595 A SW 139 CT #A MIAMI, FL 33175 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: LOURDES NIEVES

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PD
Name	NIEVES, LOURDES
Address	4595 A SW 139 CT
City-State-Zip:	MIAMI FL 33175

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

PRESIDENT

Dec 12, 2016 Secretary of State CR9737126176

FILED

Certificate of Status Desired: No

12/12/2016 Date

Date

12/12/2016