2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000052547

Entity Name: PSORIA-SHIELD INC.

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

6408 W. LINEBAUGH AVE SUITE 103 TAMPA, FL 33625

# **Current Mailing Address:**

6408 W. LINEBAUGH AVE SUITE 103 TAMPA, FL 33625 US

# FEI Number: 27-0381506

### Name and Address of Current Registered Agent:

HADLEY, RALPH V III 1031 W. MORSE BLVD. SUITE 350 WINTER PARK, FL 32789 US

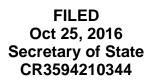
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: RALPH V. HADLEY III			10/25/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY, TREASURER	Title	DIRECTOR, VP	
Name	JOSHI, JAY DR.	Name	KANDALEPAS, ANDREW J	
Address	2500 W. HIGGINS RD. SUITE 780	Address	2500 W. HIGGINS RD. SUITE 780	
City-State-Zip:	HOFFMAN ESTATES IL 60169	City-State-Zip:	HOFFMAN ESTATES IL 60169	9

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: ANDREW KANDALEPAS

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

10/25/2016 Date