


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000120761 1. Entity Name GARDO CORPORATION	
--	---

FILED
08 OCT 28 PM 2: 15
TALLAHASSEE, FLORIDA

Principal Place of Business 1450 W GRANADA BLVD STE #1 ORMOND BEACH, FL 32174	Mailing Address 1450 W GRANADA BLVD STE #1 ORMOND BEACH, FL 32174
---	---



2. Principal Place of Business - No P.O. Box # #5 Raintree Ln.	3. Mailing Address Suite, Apt. #, etc.
--	---

10102008 REIN-P CR2E098 (1/07)

City & State Ormond Beach, FL	City & State Suite, Apt. #, etc.		
Zip 32174	Country	Zip Country	Country

4. FEI Number 76-0844987	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Sherrie Hines Street Address (P.O. Box Number is Not Acceptable) 1022 Peninsula Dr. City Ormond Beach FL Zip Code 32174
---	---

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sherrie Hines (NOTE: Registered Agent signature required when reinstating) DATE: 10/22/08

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FORNERA, GARY <input type="checkbox"/> Delete 1450 W GRANADA BLVD, STE #1 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNERA, DONNA <input type="checkbox"/> Delete #5 RAIN TREE LANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137529734 10/31/08--01025--009 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Fornera DATE: 10/22/2008 (386) 506-9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #