2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001966

Entity Name: LDI MECHANICAL, INC.

MOSER, TODD

1740 DELILAH STREET

CORONA, CA 92879

Name:

Address:

City-St-Zip:

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1740 DELILAH STREET CORONA, CA 92879 **Current Mailing Address: New Mailing Address:** 1740 DELILAH STREET CORONA, CA 92879 FEI Number: 74-2946953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ANTHONY LICAUSI 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SMITH, LLOYD Name: Name: 1740 DELILAH STREET Address: Address: City-St-Zip: CORONA, CA 92879 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SMITH, MICHAEL Name: 1740 DELILAH STREET Address: Address: City-St-Zip: CORONA, CA 92879 City-St-Zip: Title: Title: () Delete () Change () Addition SMITH, ROBERT Name: Name: 1740 DELILAH STREET Address: Address: City-St-Zip: CORONA, CA 92879 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

ALMAZAR, REY

1740 DELILAH STREET

CORONA, CA 92879

SIGNATURE: REY ALMAZAR ST 10/08/2007