

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008539

FILED  
Nov 01, 2007  
Secretary of State

Entity Name: THE ORLANDO TORNADOES DOMINO TEAM, INC.

## Current Principal Place of Business:

4043 NORTH LAKE ORLANDO PKWY  
2103  
ORLANDO, FL 32808 OR

## New Principal Place of Business:

4424 CENTENNIAL DR  
ORLANDO, FL 32808 OR

## Current Mailing Address:

4043 NORTH LAKE ORLANDO PKWY  
2103  
ORLANDO, FL 32808 OR

## New Mailing Address:

4424 CENTENNIAL DR  
ORLANDO, FL 32808 OR

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GARALDE, BELLA  
4043 NORTH LAKE ORLANDO PKWY  
2103  
ORLANDO, FL 32808 US

## Name and Address of New Registered Agent:

GARALDE, BELLA  
4424 CENTENNIAL DR  
ORLANDO, FL 32808 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: BELLA GARALDE

11/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARALDE, BELLA  
Address: 4043 NORTH LAKE ORLANDO PKWY. #2103  
City-St-Zip: ORLANDO, FL 32808 OR

Title: VP ( ) Delete  
Name: BECKFORD, ALGIN  
Address: 4043 NORTH LAKE ORLANDO PKWY  
City-St-Zip: ORLANDO, FL 32808 OR

Title: TREA ( ) Delete  
Name: GRANT, EONIELYN  
Address: 1401 HERNANDEZ DR.  
City-St-Zip: ORLANDO, FL 32808 OR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GARALDE, BELLA  
Address: 4424 CENTENNIAL DRIVE  
City-St-Zip: ORLANDO, FL 32808 OR

Title: VP (X) Change ( ) Addition  
Name: BECKFORD, ALGIN  
Address: 4424 CENTENNIAL DR  
City-St-Zip: ORLANDO, FL 32808 OR

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELLA GARALDE

PRES

11/01/2007

Electronic Signature of Signing Officer or Director

Date