

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2009
Secretary of State

DOCUMENT# N07000007710

Entity Name: D.U.I.S-DRIVING YOU IN SAFETY, INC.

Current Principal Place of Business:

121 NE 19TH CT
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

121 NE 19TH CT
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 26-0630516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

DEVEREAUX, DAVID
121 NE 19TH CT
CAPE CORAL, FL 33909 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: DAVID DEVEREAUX

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DEVEREAUX, LIZ
Address: 121 NE 19TH CT
City-St-Zip: CAPE CORAL, FL 33909

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

Title: D () Delete
Name: SANSGRAINTE, DINA
Address: 3495 HEARTWOOD LN
City-St-Zip: MELBOURNE, FL 32934

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

Title: ED () Delete
Name: DEVEREAUX, DAVID
Address: 121 NE 19TH CT
City-St-Zip: CAPE CORAL, FL 33909

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

Title: D () Delete
Name: FASULA, JEFF
Address: 425 SW MONROE DR
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: D () Delete
Name: GRAN, THOMAS
Address: 19710 NW 890 DR
City-St-Zip: OKEECHOBEE, FL 34972

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

Title: P () Delete
Name: GREG, FASULA G
Address: 2103 WINDING CREEK LANE
City-St-Zip: FT. PIERCE, FL 34981

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: DAVID DEVEREAUX

ED

10/28/2009

Electronic Signature of Signing Officer or Director

Date