

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002746

FILED  
Nov 11, 2009  
Secretary of State

Entity Name: CHALAZAE, INC.

## Current Principal Place of Business:

3414 OLD OAK DR.  
SARASOTA, FL 34239

## New Principal Place of Business:

25 DADE AVENUE  
SARASOTA, FL 34232 US

## Current Mailing Address:

3414 OLD OAK DR.  
SARASOTA, FL 34239

## New Mailing Address:

25 DADE AVENUE  
SARASOTA, FL 34232 US

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:

PARDI, MARCIA  
3414 OLD OAK DR.  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

PARDI, MARCIA  
25 DADE AVENUE  
SARASOTA, FL 34232 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: MARCIA E. PARDI

11/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SUTTON, DOROTHY  
Address: 2264 BLACK OAK CT.  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: ARTIGUE, SCOTT  
Address: 25 DADE AVE.  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: NARDELLA, ANA  
Address: 1631 SPRING CREEK DR.  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: PARDI, MARCIA  
Address: 3414 OLD OAK DR.  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: PARDI, MARCIA  
Address: 25 DADE AVENUE  
City-St-Zip: SARASOTA, FL 34232 US

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: MARCIA E. PARDI

PRES

11/11/2009

Electronic Signature of Signing Officer or Director

Date