2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# N26719

Entity Name: KDL INDUSTRIAL ASSOCIATION, INC.

Current Principal Place of Business:

3315 INDUSTRIAL 25TH ST.
FT. PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

3315 INDUSTRIAL 25TH ST.
FT. PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 59-2821929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

HOGAN, MICHAEL D
41 SOVEREIGN WY
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

AMATRUDI, ANTHONY J PD
4868 S.W. HAMMOCK CREEK DRIVE
PALM CITY, FL 34990 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: ANTHONY J. AMATRUDI 10/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOGAN, MICHAEL D
Address: 41 SOVEREIGN WAY
City-St-Zip: FORT PIERCE, FL 34949

Title: STD ( ) Delete
Name: DEADMAN, THOMAS G
Address: 3315 INDUSTRIAL 25TH ST
City-St-Zip: FORT PIERCE, FL 34946

Title: VPD ( ) Delete
Name: GALBRAITH, WALTER K
Address: 3401 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete
Name: AMA TRUDI, ANTHONY J
Address: 4868 SW HAMMOCK CRK DR
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: GELLIS, CHARLES
Address: 2373 NW 195TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOGAN, MICHAEL D
Address: 41 SOVEREIGN WAY
City-St-Zip: FORT PIERCE, FL 34949

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

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

Title: PD (X) Change ( ) Addition
Name: AMA TRUDI, ANTHONY J
Address: 4868 SW HAMMOCK CRK DR
City-St-Zip: PALM CITY, FL 34990

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: ANTHONY J. AMATRUDI PD 10/16/2009
Electronic Signature of Signing Officer or Director Date