

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000067343

Entity Name: LOW GRAVITY, INC.

**FILED**  
**Oct 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

938 RIPLEY TERRACE NE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120065  
W MELBOURNE, FL 32912

**New Mailing Address:**

P.O. BOX 100604  
PALM BAY, FL 32910

FEI Number: 59-3665289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATCHER, DANIEL  
938 RIPLEY TERRACE NE  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

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: DANIEL HATCHER

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:**

Title: D ( ) Delete  
Name: HATCHER, DANIEL  
Address: 938 RIPLEY TERRACE NE  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: DANIEL HATCHER

Electronic Signature of Signing Officer or Director

PRES

10/27/2009

Date