2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000095654

LEON, LEYANIS

1205 NE 138 STREET #1

NORTH MIAMI, FL 33161

Name:

Address:

City-St-Zip:

Entity Name: GWDLV CORPORATION

FILED Oct 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1820 HIBISCUS DRIVE NORTH MIAMI, FL 33181 US **Current Mailing Address: New Mailing Address:** PO BOX 611150 NORTH MIAMI, FL 33261 US FEI Number: 65-1069295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEON, REGLAG 11230 SW 156 AVENUE MIAMI, FL 33196 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: REGLA LEON 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition VALLE, CELESTE C Name: Name: 1820 HIBISCUS DRIVE Address: Address: City-St-Zip: MIAMI, FL 33181 US City-St-Zip: Title: Title: () Delete () Change () Addition LEON, REGLA G Name: Name: 11230 SW 156 AVE Address: Address: MIAMI, FL 33196 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LEON, HERIBERTO A Name: Name: 1820 HIBISCUS DRIVE Address: Address: City-St-Zip: NORTH MIAMI, FL 33181 US City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HERIBERTO LEON P 10/09/2009