2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000080070

205 N FLAGLER AVE

HOMESTEAD, FL 33030

Address: City-St-Zip: FILED Oct 13, 2009 Secretary of State

Entity Nam	ne: ALL AI	R OF SOUTH DAD	E, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
205 NORTH FLAGLER AVENUE HOMESTEAD, FL 33030				29790 OLD DIXIE HIGHWAY HOMESTEAD, FL 33033		
Current Mailing Address:				New Mailing Address:		
205 NORTH FLAGLER AVENUE HOMESTEAD, FL 33030				29790 OLD DIXIE HIGHWAY HOMESTEAD, FL 33033		
FEI Number:	65-1139438	FEI Number App	olied For() FEI Num	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MAAS, JOHN P ESQ 44 NE 16 STREET HOMESTEAD, FL 33030 US				DIBENEDETTO, ROCCO 29790 OLD DIXIE HIGHWAY HOMESTEAD, FL 33033 US		
The above in the State		ty submits this state	ement for the purpose o	f changing it	s registere	ed office or registered agent, or both,
SIGNATURE: ROCCO DIBENEDETTO				10/13/2009		
Electronic Signature of Registered Agent				Date		
	paign Finan	cing Trust Fund Contr	rporation did not receive t ibution ().	•		ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	205 N FLAG	() Delete TO, ROCCO S MR. ILER AVE D, FL 33030		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	O IRWIN, DAV 205 N FLAG HOMESTEA			Title: Name: Address: City-St-Zip:		(X) Change () Addition SAILY D DIXIE HIGHWAY AD, FL 33033
Title: Name:	O ARBESUN,	(X) Delete SAILY		Title: Name:		() 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.

Address:

City-St-Zip:

SIGNATURE: ROCCO DIBENEDETTO O 10/13/2009