## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000105856

Entity Name: THRU REALIVEST INC.

**FILED** Sep 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3703 SARASOTA CT 4880 DISTRIBUTION CT ORLANDO, FL 32812 STE A UNIT 1

ORLANDO, FL 32822

**Current Mailing Address:** New Mailing Address:

4880 DISTRIBUTION CT 3703 SARASOTA CT STE A UNIT 1 ORLANDO, FL 32812 ORLANDO, FL 32822

FEI Number: 03-0431443 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:

CALEGARI, JOHN CALEGARI, JOHN 2034 GAMBOGE DR 4880 DISTRIBUTION CT ORLANDO, FL 32822 US STE A UNIT 1 ORLANDO, FL 32822 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: JOHN CALEGARI 09/28/2005

> 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 Title: (X) Change ( ) Addition CALEGARI, JOHN CALEGARI, JOHN Name: Name:

2034 GAMBOGE DR 4880 DISTRIBUTION CT STE A UNIT 1 Address: Address:

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: Title: (X) Change ( ) Addition () Delete

Name: CALEGARI, ELISA Name: LEITE ALEXANDRE

2034 GAMBOGE DR Address: 4880 DISTRIBUTION CT, STE A UNIT 1 Address:

ORLANDO, FL 32822 ORLANDO, FL 32822 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN CALEGARI DIRE 09/28/2005

Electronic Signature of Signing Officer or Director

Date