

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000000900

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: JOSEPH, RAINFORD & ASSOCIATES INC.

**Current Principal Place of Business:**

6289 WEST SUNRISE BLVD. SUITE 203  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6289 WEST SUNRISE BLVD. SUITE 203  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number: 01-0559807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIDEPSON, JOSEPH  
6289 W SUNRISE BLVD #203  
SUNRISE, FL 33313 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: MR JOSEPH FRIDEPSON

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: PD ( ) Delete  
Name: JOSEPH, FRIDEPSON  
Address: 6289 W SUNRISE BLVD #203  
City-St-Zip: SUNRISE, FL 33313

Title: VP ( ) Delete  
Name: RAINFORD, QUAMME  
Address: 6289 W SUNRISE BLVD #203  
City-St-Zip: SUNRISE, FL 33313

Title: AVP ( ) Delete  
Name: GORDON, ASKIA  
Address: 6289 W SUNRISE BLVD #203  
City-St-Zip: SUNRISE, FL 33313

Title: SEC ( ) Delete  
Name: WRIGHT, ANGELA  
Address: 6289 W SUNRISE BLVD #203  
City-St-Zip: SUNRISE, FL 33313

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

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

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

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

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: FRIDEPSON JOSEPH

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date