

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000106655

Entity Name: AWARD DEPOT, INC.

FILED
Oct 21, 2004
Secretary of State

Current Principal Place of Business:

6299-5 POWERS AVE
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6299-5 POWERS AVE
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-0263278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILSON, DELORES H
5181 EMORY CIRCLE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

GILSON, DELORES H
6299-5 POWERS AVENUE
JACKSONVILLE, FL 32217 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: DELORES H. GILSON

10/21/2004

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: P () Delete
Name: GILSON, DELORES H
Address: 5181 EMORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILSON, DELORES H
Address: 6299-5 POWER AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

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: DELORES H. GILSON

P

10/21/2004

Electronic Signature of Signing Officer or Director

Date